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# WAYNE E. VINSON, CPA, PS

TAX • ACCOUNTING • CONSULTING • TRAINING

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## *WE APPRECIATE THE OPPORTUNITY TO SERVE YOU*

With the arrival of tax season, it is time to organize the information necessary to complete your tax return(s).

Your Tax Organizer will assist you in gathering the necessary information. Please make any necessary corrections to your personal and/or business information, including address and telephone, and fill in the pertinent data. The last page of the organizer provides space for additional notes that you feel would be helpful in preparing your tax return(s). If needed, we have a blank organizer located on our website.

Please be sure to provide all that apply:

For example: *Forms W-2, 1099, 1099-K, 1095-A, K-1, 1098-T, statement showing how much social security received, brokerage statements showing investment transactions (including cost information for stock, bond, and mutual funds), statements from mortgages, details of any virtual currency (e.g., Bitcoin) transactions and other documents as well as any notices received from the IRS or other taxing authority, etc.*

As in the past you can:

- Mail in your documents to the address above or,
- Drop off your documents to the office or leave in the secure drop box (back of the building at the top of the stairs), or
- Upload your documents to our portal (secure email). If you are not already set up in the portal we will need your email address. Set-up is easy and we are available to assist you with it.
- If you feel an appointment is necessary, please call to schedule a virtual or in-person appointment.

For your convenience, if we have not heard from you by April 8<sup>th</sup>, 2023 we will automatically file an extension for you reflecting -0- tax liability. Let us know if this is not the case. If no payment or insufficient payment is sent with an extension, the IRS can disallow the extension. Keep in mind that although the return is extended, payment of tax is due April 15<sup>th</sup>, 2024.

All tax returns that qualify will be filed electronically. We will provide you with a paper or electronic copy for your records. Please note that our office closes at noon on April 15<sup>th</sup>, 2024.

Please be sure to sign the “Agreement for Engagement of Income Tax Service” and complete the “Questionnaire” that accompanied the Tax Organizer. We must have these on file.

Please contact us if you have any questions.



The CPA. Never Underestimate The Value.®

**AGREEMENT FOR ENGAGEMENT OF INCOME TAX SERVICE**

THIS AGREEMENT IS BETWEEN THE FIRM, WAYNE E VINSON, CPA, PS AND \_\_\_\_\_ FOR THE TAX YEAR 2023.

This letter confirms the services you have asked our firm to perform and the terms to which we have agreed.

**We will prepare your Federal and specific State income tax returns.**

**List States:** \_\_\_\_\_.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to disclose defalcations, fraud, or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as we find necessary for the preparation of your income tax returns. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, inventory, cell phone, meals, and related expenses, and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest. We will make no audit or other verification of the data you submit. However, we may need to ask you for clarification of some of the information. You have the final responsibility for the income tax returns; therefore, you should examine them carefully before you sign them. With reasonable justification, the preparer will resolve questions involving the application of tax rules in the client's favor. The IRS may discuss your return with the preparer. All personal and business return(s) will be electronically filed, unless otherwise determined. Returns are electronically filed upon receipt of signed Form 8879 from you.

For self-employed taxpayers, a reduction in taxable income also reduces Social Security tax, which could reduce current and future benefits.

**As your CPA, we collect:**

- Information provided by you from your tax organizer, worksheets, documents, and discussions and
- Information that we develop as part of the engagement.

**As your CPA we are required to keep all information about our engagement confidential. We will not disclose any information about you unless we have your approval, or are required by law, or as we determine subject to professional standards to best meet your needs. This applies even if you are no longer a client.**

**As your CPA, we are committed to safekeeping your confidential information and we maintain physical, electronic, and procedural safeguards to protect your information. We will provide you a copy of the tax returns and other pertinent work papers that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard copying fee. All of your original documents will be returned to you for your records. It is our firm's policy to retain copies of your tax return(s) for seven years, after which they will no longer be available. Physical deterioration or catastrophic events may shorten the time during which our records will be available. Our files are not a substitute for your original records. It's agreed that our files shall remain the property of Wayne E Vinson, CPA, PS.**

Written advice is not intended to be used, and cannot be used by anyone for the purpose of avoiding penalties that may be imposed on the taxpayer. We do not give legal advice.

You agree to limit the liability of Wayne E Vinson, CPA, PS for any and all claims, losses, costs, and damages of any nature whatsoever to not exceed our total fee for services under this engagement.

By signature below, the client acknowledges sole responsibility for providing requested documents and other substantiation needed to support the client's tax return(s). The client authorizes the preparer to complete Federal and State, if needed, income tax returns. All returns are subject to examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate income and deductions. Any assistance we provide in connection with an audit or inquiry is not included in our preparation fees including responding to an IRS CP Notice.

You are responsible for filing Form FinCen 114 if required by the U.S. Department of the Treasury for any foreign accounts. You must inform us of any foreign financial assets or authority over foreign financial assets, including digital assets.

You are responsible to report transactions involving digital assets and must inform us of such.

**Preparation fees are expected upon receipt of the completed tax return(s).**

We accept cash, check, VISA, and Mastercard. You can also make a payment at [www.vingroup.cpa](http://www.vingroup.cpa)

I want my "Client Copy" **Pick up** **Mailed** **Portal** (circle one) Telephone number \_\_\_\_\_

\_\_\_\_\_  
Client/Taxpayer \_\_\_\_\_  
Date

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and **PROVIDE DETAILS FOR ALL "YES" ANSWERS.**

- | Yes                      | No                       |                                                                                                                                                                                          |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or a dependent have medical insurance through The Exchange for any month(s)? <u>If yes, provide Form 1095-A</u>                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a <b>foreign</b> : bank account, securities account or other financial account, including digital assets?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any amounts over \$10,000 outside of the United States in a bank, securities, or financial account, including digital assets?                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have <b>any</b> transactions involving digital assets? Check "no" if merely holding or intra-wallet transfers.                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any dependents (under the age 19 or college student under 24) with interest, dividends and unearned income in excess of \$1,250?                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or was a home transferred from parent to child?                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a physically or mentally disabled child?                                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any cash and/or non-cash gift(s) to an individual in excess of \$17,000?                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your bank information for Direct Deposit for applicable refund changed from last year?                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a non-custodial parent of a dependent as a result of a divorce? <u>If yes, provide a signed Form 8332.</u>                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for child care (babysitting, daycare)? If yes, please provide provider name, address and <u>social security number/EIN</u> and amount paid for each child for each provider. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds, or other investment property? If yes, please provide cost information, sales price, and dates if not on brokerage statements.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? Any debts to you becoming uncollectible?                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or second home? If yes, please provide closing papers. If cash received in a refinance, explain use of funds.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a home equity loan? If yes, explain how funds were used.                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employee?                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc...)?                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert IRA, etc... funds to a Roth IRA by December 31?                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase an electric vehicle?                                                                                                                                                    |
| <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? <u>If yes, we must have Form 1098-T.</u>        |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you and/or your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for a home office?                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you add any wind, solar, or other energy efficient improvements to your home?                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you build or remodel your home? If yes, please provide sales tax amount paid on materials and installation. \$ _____.                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle, or airplane purchased for personal use? If yes, please provide sales tax amount \$ _____.        |
| <input type="checkbox"/> | <input type="checkbox"/> | If you worked for yourself, did you use your car on the job (other than to and from work) <u>and</u> have a mileage log?                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage in any bartering?                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | If you worked for yourself, did you pay health insurance premiums for yourself and your family? If yes, please provide amount \$ _____.                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | If a minister, provide any <b>excess</b> housing allowance amount \$ _____.                                                                                                              |

2023	1040	US	Client Information	1
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**Wayne E Vinson, CPA, PS**  
 2132 W Northwest Blvd  
 Spokane WA 99205  
 Telephone number: 509-443-4262  
 Fax number:  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table).....	
	1=married filing separate and lived with spouse .....	
	Year spouse died, if qualifying surviving spouse (2021 or 2022) ...	
Taxpayer	First name and initial.....	
	Last name.....	
	Title/suffix.....	
	Social security number.....	
	Occupation.....	
	Date of birth (m/d/y).....	
	Date of death (m/d/y).....	
	1=blind.....	
Spouse	First name and initial.....	
	Last name.....	
	Title/suffix.....	
	Social security number.....	
	Occupation.....	
	Date of birth (m/d/y).....	
	Date of death (m/d/y).....	
1=blind.....		
Address	In care of.....	
	Street address.....	
	Apartment number.....	
	City.....	
	State.....	
Foreign Address	Region.....	
	Postal code.....	
	Country.....	

**Filing Status**

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

Please add, change or delete information for 2023.

**CLIENT INFORMATION**

<b>Taxpayer Contact Information</b>	Home phone.....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
	Home phone.....		
<b>Spouse Contact Information</b>	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
<b>Taxpayer Authentication</b>	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
<b>Spouse Authentication</b>	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

Please add, change or delete information for 2023.

**DEPENDENTS**

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death.....		
Date of adoption.....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
IRS theft protection PIN.....		

**Type of Dependent**

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent
- 5 = Earned income credit only, not a dependent

**Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled
- 4 = Force
- 5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

- 1. School records or statement
- 2. Landlord or property management statement
- 3. Health care provider statement
- 4. Medical records
- 5. Child care provider records
- 6. Placement agency statement
- 7. Social service records or statement
- 8. Place of worship statement
- 9. Indian tribe office statement
- 10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

- 1. Doctor statement
- 2. Other health care provider statement
- 3. Social services agency or program statement

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death.....		
Date of adoption.....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
IRS theft protection PIN.....		

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death.....		
Date of adoption.....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
IRS theft protection PIN.....		

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Please enter all pertinent 2023 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2023 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2023 Voucher Amount
Overpayment applied from 2022 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2023 Voucher Amount
Overpayment applied from 2022 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2023	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2023 information.

**APPLICATION OF 2023 OVERPAYMENT (7.1)**

If you have an overpayment of 2023 taxes, do you want the excess refunded?  or applied to 2024 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2024 ESTIMATED TAX INFORMATION**

Do you expect your 2024 taxable income to be different from 2023? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2024 withholding to be different from 2023? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



ORGANIZER

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2023 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld				2022 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/23	2022 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2022 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	2023 Amount	TS	2022 Amount
Total gambling losses.....			
Winnings not reported on Form W-2G.....			

**10, 13.1, 13.2**

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Interest &amp; Dividend Income</b>	<b>11, 12</b>
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Please enter all pertinent 2023 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2022 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2022 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds		

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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**Please enter all pertinent 2023 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.**

**MISCELLANEOUS INCOME**

	2023 Amount		2022 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins. . . . .				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Activity not engaged in for profit income .....				
Olympic & Paralympic medals & USOC prize money .....				
Prizes and awards .....				
Stock Options .....				
Strike or lockout benefits (other than bona fide gifts)				
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes .....				
Wages earned while incarcerated not on W-2 .....				
Income subject to S/E tax: (1099-NEC, box 1)				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				

**Form 1099-K**

Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss .....				
Amount from Form 1099-K that was incorrectly reported .....				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession .....	
Principal business code .....	
Business name, if different from Form 1040 .....	
Business address, if different from Form 1040 .....	
City, if different from Form 1040 .....	
State, if different from Form 1040 .....	
ZIP code, if different from Form 1040 .....	
Foreign region .....	
Foreign postal code .....	
Foreign country .....	
Employer identification number .....	
Other accounting method .....	

Accounting method: 1=cash, 2=accrual .....		
Inventory method: 1=cost, 2=lower cost/market, 3=other .....		
1=change of inventory method .....		
1=spouse, 2=joint .....		
1=first Schedule C filed for this business .....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..		
1=not subject to self-employment tax .....		
1=did not "materially participate" .....		
1=personal services is not a material income producing factor .....		
1=investment .....		
1=minister's Schedule C .....		
1=single member limited liability company .....		
1=trader in financial instruments or commodities .....		

**INCOME**

	2023 Amount	2022 Amount
Gross receipts or sales (Form 1099-NEC) .....		
Returns and allowances .....		
Other income:		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use .....		
Cost of labor .....		
Materials and supplies .....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year .....		

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2023 Amount	2022 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2023 Amount	2022 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....	34	

Percentage of ownership if not 100% (.xxxx)..... Percentage of tenant occupancy if not 100% (.xxxx)..... 1=spouse, 2=joint..... 1=qualified joint venture..... 1=nonpassive activity, 2=passive royalty.....		1=did not actively participate... 1=real estate professional..... 1=rental other than real estate.. 1=investment..... 1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....			

**INCOME**

	2023 Amount	2022 Amount
Rents or royalties received.....		

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**GENERAL INFORMATION**

Foreign region.....	
Foreign postal code.....	
Foreign country.....	

**OIL AND GAS**

	2023 Amount	2022 Amount
Production type (preparer use only).....		
Cost depletion.....		
Percentage depletion rate or amount.....		
State cost depletion, if different (-1 if none).....		
State % depletion rate or amount, if different (-1 if none).....		

**PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)**

Number of days personal use.....		
Number of days owned (if optional method elected).....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		

Other:




**Please enter all pertinent 2023 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2023 Amount	TS	2022 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2023 estimates are automatic.)

State income taxes - 1/23 payment on 2022 state estimate .....			
State income taxes - paid with 2022 state return extension .....			
State income taxes - paid with 2022 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/23 payment on 2022 city/local estimate .....			
City/local income taxes - paid with 2022 city/local extension .....			
City/local income taxes - paid with 2022 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2023 purchases .....			
Use taxes paid with 2022 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
Real estate taxes - held for investment :			
_____			
_____			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes .....			
Other taxes:			
_____			

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2023 Amount

TS

2022 Amount

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes two rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN or FEIN, street address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes one row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes one row for points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes one row for investment interest.

Passive interest:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes one row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes four rows for contributions by cash or check to churches, schools, hospitals, and other charitable organizations.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes one row for volunteer expenses and one row for number of charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes four rows for contributions by cash or check to veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Includes one row for volunteer expenses and one row for number of charitable miles.

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

	2023 Amount	TS	2022 Amount
_____			
_____			
_____			

30% limitation (see above):

_____			
_____			
_____			

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

_____			
_____			
_____			

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

_____			
_____			
_____			

**STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT** (subject to 2% AGI limit)

Union and professional dues .....

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

_____			
_____			
_____			
_____			

Investment expense:

_____			
_____			
_____			
_____			

Tax return preparation fee .....

Safe deposit box rental .....


Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

_____			
_____			
_____			
_____			





Please enter all pertinent 2023 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**LOAN INFORMATION (continued)**

Loan #3

Lender's name.....  
Form (see table).....  
Number of form.....  
1=taxpayer, 2=spouse, blank=joint.....  
Interest paid.....  
Points paid.....  
Total principal paid.....  
Lump sum principal payment (if paid off).....  
Months outstanding (if not 12).....  
1=home acquisition debt incurred after 12/15/17.....  
Home acquisition debt balance - beginning of year.....  
Home acquisition debt borrowed in 2023.....  
Home equity debt balance - beginning of year.....  
Home equity debt borrowed in 2023.....  
Grandfather debt balance - beginning of year.....

2023 Amount	TS	2022 Amount

Loan #4

Lender's name.....  
Form (see table).....  
Number of form.....  
1=taxpayer, 2=spouse, blank=joint.....  
Interest paid.....  
Points paid.....  
Total principal paid.....  
Lump sum principal payment (if paid off).....  
Months outstanding (if not 12).....  
1=home acquisition debt incurred after 12/15/17.....  
Home acquisition debt balance - beginning of year.....  
Home acquisition debt borrowed in 2023.....  
Home equity debt balance - beginning of year.....  
Home equity debt borrowed in 2023.....  
Grandfather debt balance - beginning of year.....

2023 Amount	TS	2022 Amount

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

If your total noncash contributions are in excess of \$500 in 2023, please complete the information below for each donee using the following guidelines:

\* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

\* A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

Form 1: Donated Property Information. Includes fields for Name of charitable organization (donee), Street address, City, State, ZIP code, 1=spouse, 2=joint, Property description (other than vehicle), Vehicle Identification number (VIN), Year (yyyy), Make and model, Condition and mileage, Date of contribution (m/d/y), Date acquired by donor (m/y), How acquired by donor (Table 1 or describe), Donor's cost or basis, Fair market value, Method used to determine FMV (Table 2 or describe).

Form 2: Donated Property Information. Includes fields for Name of charitable organization (donee), Street address, City, State, ZIP code, 1=spouse, 2=joint, Property description (other than vehicle), Vehicle Identification number (VIN), Year (yyyy), Make and model, Condition and mileage, Date of contribution (m/d/y), Date acquired by donor (m/y), How acquired by donor (Table 1 or describe), Donor's cost or basis, Fair market value, Method used to determine FMV (Table 2 or describe).

Legend for acquisition and FMV determination methods. Table 1: How Property was Acquired (1 = Purchase, 2 = Gift, 3 = Inheritance, 4 = Exchange). Table 2: Method Used to Determine FMV (1 = Appraisal, 2 = Thrift shop value, 3 = Catalog, 4 = Comparable sales). For other methods, see IRS Pub. 561.

