# CLIENT TAX INTAKE

### YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

Please call to schedule your appointment. Try to call early before the calendar is booked up.

Please mail the completed organizer along with the requested information to this office prior to your appointment.

Please mail the completed organizer along with the requested information to this office so the return can be prepared by correspondence.

Your tax appointment is scheduled for:

Day:	
Date:	
Time:	
Office Appointment	Virtual Appointment

Please notify this office promptly if you are unable to keep this appointment.

REFERRALS ARE ALWAYS APPRECIATED

If you know someone who would like a tax appointment, please have them call this office. All client information is treated in the utmost confidence and pays you \$100 per paid client referred.

# IF YOU ARE A NEW CLIENT, BE SURE TO PROVIDE A COPY OF LAST YEAR'S TAX RETURN.

### SAVE TIME - READ THIS FIRST

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is to not overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2023 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

#### Section Categories

To help you collect your information quickly, this organizer is organized into five general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- those who itemize their deductions Sections B1 B11 (Pages 4 & 5)
- those with business or rental income Sections C1 C7 (Pages 6 & 7)
- business owners Pass-through deduction -Section D1 (Page 8).
- those who have relocated (military only), sold their home, made home energy improvements, or have debt relief income -Sections D2 - D6 (Page 8)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section.

If you paid foreign taxes (entered at Sections A10 or A11) and are a partner in a partnership or a shareholder in an S-Corporation, it is important that you so notify whoever is responsible for the entity's tax returns.

Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry in their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if, in the course of a trade or business (including most rentals), the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

# A - TAX PAYER INFORMATION



The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

A1 - TAXPA					€ ←	A6 - IN	COME	& ADJU	STMENTS 😌	You	Spouse
Returning clients: enter	. 1	ame of filer and a	any changes on	ty.		1 <u> </u>			in copy "C" for your records)		
Filer Name (Must Match SS Admin)	>			Birthday	· ,				vide complete K-1 copies) <b>a</b>	nd K-3s if is	sued
Social Security No.	•		Occupation		/	executor or true	stee if you wil	l be receiving a	f so, please verify with K-1.	Yes	Yes
(and IRS IP-PIN if issued)	<u> </u>		Occupation			State Tax Refur		,	100 or BBB 1000)		
Driver's Licence (DL)				State					99 or RRB-1099) IRA distributions in A7		
DL Issued Date	1	/	DL Expires	1	1			nes with alimony			
Contact Phone				Day	Evening	Alimony Paid (p	provide name	and SSN below)	. ,		
Email Address				Leoa	lly Blind	Paid to:			SSN:		1
Spouse Name (Must Match SS Admin)	)			Birthday	•	Tips (not incluc Unemployment	,	on (provide 1099	-G)		
					•	Gambling Winn	ings (provide	W-2Gs)			
Social Security No. (and IRS IP-PIN if issued)	·		Occupation			A7 - IR	A & RE	TIREME	NT PLANS 😌	You	Spouse
Driver's Licence (DL)				State		Retirement pla	n with your er	mployer?		Yes	☐ Yes
DL Issued Date	1	/	DL Expires	1	1	Did you or your	spouse conve	ert a traditional	IRA to a Roth IRA in 2023?	Yes	☐ Yes
Contact Phone				Day	Evening	Traditional	Contribution	IS			
Email Address				Leaa	lly Blind	IRA, Keogh	Withdrawals	5 (1099-R) <sup>(1)</sup>			
						& SEP	Rollovers <sup>(2)(3)</sup>				
A2 - ADDRI		over the share			€ ←	Plans	Basis (Total of	f your prior year nor	n-deductible contributions)		
Returning clients can sk	ap this section	except for chang					Contribution	IS			
Street			Apt/Unit N			Roth IRA	Withdrawals	. ,			
City			State	Zip			Rollovers <sup>(2)(3)</sup>		d in 2020 (Marrianan		
Home Phone Number	(if different from	above)				Coronavirus	\$100,000)	ginally Distribute	d in 2020 (Maximum		
A3 - STATU	S CHA	NGES FO	DR 202	3		Distribution	Amount Rec	ontributed in 20	23		
Check any that apply an								1/2 (2) Must be repo Roth IRA may be ta	orted even if not taxable unless	directly "tran	sferred"
Married	/ /	Moved		/	/			i Koti i Ka may be u	axabic.		
Separated	/ /	Home S	Sold	/	/	A8 - SI	PECIAL	. QUEST	IONS & INFC		
Divorced	· ·	Spouse	Deceased	,		Coverdell Educa	tion Account	Contribution	Distribution - provi	de 1099-Q	
				/	/	Sec 529 Tuition	Plan	Contribution	Distribution - provi	de 1099-Q	
Retired	/ /	Depend	lent Decease	d   /	/	HSA Contributi	ion other than	n via employer	Distribution - provi	de 1099-SA	
A4 - ESTIM					ę	Adoption Expen	ses 🛛 Specia	l Needs Child	Educator Expenses	;	
This office cannot assume time. Therefore, please en						CAUTION – TI foreign	here are severe j bank account. C	penalties with failir Call our attention to	ng to report an interest in or sign any foreign accounts, dealings,	nature author or inheritanc	rity over a .e.
Incorrect amounts will re						CHECK ALL	ТНАТ АРРІ	Y TO YOU (A	ND OR YOUR SPOUSE	)	
Payment & Due Date		Date Paid	Federal	Sta	te				as a co-owner on a bank ac	count in a f	foreign
Applied from Last Yea	n's Refund							ds are not yours.			
First Quarter (April 18	3, 2023)	/ /							in a foreign country.		
Second Ouarter (June	. ,	, ,					5		000 at any time in 2023)		
~ ``									ne grantor, or transferor to, a		ıst
Third Quarter (Sept. 1	. ,					<u> </u>			est in a foreign financial asse		
Fourth Quarter (Jan. 1	6, 2024)	/ /				Receive, s the year.	sell, exchange	or otherwise ac	quire a financial interest in	digital asse	ts during
A5 - REFUN						Invest in	a Qualified O	pportunity Fund	during the year		
Complete this section to Doing so will speed up t						Been den	nied Earned In	come Credit by t	he IRS		
stolen. Direct deposit ca	n be allocated	to up to 3 separa	ite accounts. En	tries for or	nly one		ertified for the	e Earned Income	, Child Tax, or American Oppo	ortunity Cre	dit
account are provided be additional account infor					e the				23. If so, please call in adva		
Bank Name						Made a g	ift of money o		y individual in excess of \$17		000 for
	r (Exactly 9 Digits	5)					iousehold wor				
Bank Routing Numbe						1		-			
Bank Routing Numbe Account Number (inclu	de hyphens - omi	t spaces & special c	haracters – 17 dig	jits max)		🗌 🗖 🛛 Sell jewe	lry, gold, coins	s, or other precio	us metals during the year		
	de hyphens - omi	t spaces & special c	haracters – 17 dig	jits max)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s, or other precio - Explain source			

# A - TAXPAYER INFORMATION

3

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you,

A9 - DEPE												<b>\$</b>
Returning clients need	only enter first names ar					s. Months in Ho				lf ov	er th	e age of 18
First Name	Last Name (If Different)	Social Security (and, if issued, IRS IP		S, D, F, I Other or		(Your Home)		Birth Da	ate	Incon		Student
								/	/			☐ Yes
								/	/			☐ Yes
								/	/			☐ Yes
Enter S-Son, D-Daugh	ter, F-Father, M-Mother, G	-Grandchild, or enter o	other relationshi	ip. Enter HOH	I for non-	dependent Hea	nd of Ho	ousehold qualifie	ers.			1
	REST INCO		1099 even if not	t the origina	l source.			Caution: All inte	erest must	t be reported	even	f tax-free! 😝
Please provide all form	of Payer s 1099INT and 10990ID when 1099s are provided)	Banks, Credit Union, Corp Bonds, Seller Financed Mortgages, etc.	Foreign Tax or Withh		Saving	<b>U.S. Obligatic</b> Bonds, T-Bills, et tate Tax-Free)		Home State (Gener	<b>Municip</b> ally Tax-Fre			<b>Other State</b> ederal Tax-Free)
- orfeited Interest (ea	rly withdrawal penalty)				Federal <sup>-</sup>	ax Witholdin	g on li	nterest & Divi	dends			
				r Financed		•						
Daver Name:		Note: Selle SSN:	er financed mortga	<u> </u>	e name, SSN Address:	l and address of t	he payer					
Payer Name:		3314.			Auuress.							
Please provide	<b>of Payer</b> all forms 1099DIV when 1099s are provided)	Foreign Taxes Paid or Withheld	Ordinary Dividends	Qualified Dividends		Capital Gains	199 Divide		e U.S. tions <sup>(2)</sup>	Taxable State Or		Non-Taxable State & Federal
1) Qualified dividends	receive special tax treatr	nent and are included	in the "Ordinary	/ Dividends"	total. (2) I	ncludes income	e from s	avings bonds, T-	Bills, etc.,	 , which are st	ate ta	x-free.
A12 - INVE	STMENT SA	LES										ę
IRS matches gross pro- this section. For home	ceeds from sales using th sales, see Section D2.	e 1099-B. All transact	ions must be rep	ported even i	if there is	no profit. If bro	oker pro	vides a summar	y of transa	actions, bring	) it and	l skip
Please provide all forms 1	<b>Description</b> 099-B and any gain/loss state	ements provided by broke	nherited?	? Date A	cquired	Date So	ld	Selling Price		st or Other Basis <sup>(1)</sup>		<b>Profit</b> (Memo Only)
			C Yes	/	/	/	/					
			C Yes	/	/	/	/					
			C Yes	/	/	/	/					
1) The basis from whic	ch gain is determined ma	y not be the original c	ost and must ac	count for sto	ock splits, i	everse splits, n	nergers,	, reinvested divi	dends, wa	sh sales, etc.		
Care must enable you	DORDEPE to work (or search for wo nt, also see section C4. IR	rk) or attend school Fl	JLL-TIME. Care n	nust be for a	child und				sically or 1	mentally inca	apable	of self 😜
	provides dependent ca			s SSN or Emp				ents MUST BE	Allocate	ed by Child/	/Depe	ndent
Paid To	Address & Ph	one Number	MANDATO	DRY unless it is ion (EO). If EO,	an exempt		pnd.'s N	lame: Child	-		hild/D	epnd.'s Name:

# **B** - **ITEMIZEDDEDUCTIONS**

Taxpayers may choose between itemized or standard deductions. This page and the adjoining page are for recording your expenses, which are needed when itemizing your deductions. If you are certain that you cannot itemize your deductions for either federal or state, you can skip this page and the next one **except B10**.

CAUTION: If you are married and filing separately and either you or your spouse itemize your deductions, then the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.

□ If filing married separate and your spouse is itemizing deductions.

<b>B1 - MEDICAL EXPENSES</b>			B3 - TAXES	PAID				
Although for Federal purposes medical expenses for 2023 the extent they exceed 7 ½% of your adjusted gross incom	ne (AGI) for the yea	ir, some	Do not list any taxes ass deductible for AMT purp		ss or rental	. activity. T	axes are no	ot
states, such as Arizona, have no or a different limitation. If limitation be sure to list your medical expenses. Do NOT l			Real Estate – Primary	Residence			o not	
insurance or expenses and premiums paid with pre-tax fu			Real Estate – 2nd Hor	ne			clude rest and	
INSURANCE PREMIUMS for Medical, Dental, Vision	& Hospital <sup>(1)</sup>		Real Estate – Investm	ent Property (Land, e	tc.)	рег	nalties	
Medicare Insurance Premiums (Not payroll tax)			CAUTION – Some tax bills i	nclude non-deductible sp	ecial services	s. Please pro	vide copies o	of the tax bills.
	Filer		Vehicle License Fees		(1)	(2)		(3)
Long-Term Care Insurance	Spouse		Personal Property Tax					
Doctors, Dentists <sup>(2)</sup> (No discretionary cosmetic surgery)			Sales Tax – Receipted					
Acupuncture & Chiropractic Care			Sales Tax – Cars, Boat Income Taxes Paid to		include above	e) State:		
Hospital <sup>(3)</sup>			City, County, Local Tax		category)	State.		
			Other:		category			
Prescription Drugs (No over-the-counter drugs except insulin)				e Tax Paid During	<b>2023</b> (pleas	se provide p	roof of paym	ient)
Nursing Care Check Eve Exam, Glasses, Contact Lenses, Contact Lens So	if in-home care			e taxes withheld; they are	e automatic f Other Year		irce documer	nts.
Hearing Aids & Batteries			Balance Due 2022 Return		Or Adjustn			
Ambulance & Paramedics			Extension Payment 2022 Return		2022 4th ( Paid Jan. 2	-	te	
Auto Travel (To and from medical treatment)		miles	B4 - HOME	MORTGAG	EINT	ERE	ST	9 🗖
Parking & tolls (For medical treatment)			Enter only interest on lo	ans secured by your p	rimary resid	dence and	designated	d second
Taxi, Uber, Lyft, Shuttle, Air Fare, Etc. (To reach medical tr	eatment)		residence. This deductio debts incurred after 12/2	15/2017) of home acq	uisition deb	bt on your	primary or	designated
Lodging (For medical treatment) No. of days:			second residence. The de spouse. Equity debt inter	est is not federally de	eductible fo	r years 20	18 thru 202	25 unless loan
Telephone (Medical-related toll charges only)			funds were used to make Some states allow a ded	uction for interest pai	id on up to			
Therapy & Special Schooling <sup>(4)</sup>			computer verifies the int					Amount
Supplies & Equipment			CAUTION – If no 1098 re enter payee's name. If paid to	a person from whom yo	u bought	2nd Home	Equity Loan	Provide Form 1098
Handicapped Placard			the home and no 1098 received Paid To:	ved, also complete <b>Box A</b>	below.			1098
Handicapped Home Modifications								
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)			Paid To:					
Other:			Paid To:					
Other:			Paid To:					
<ul><li>(1) Include only amounts you paid.</li><li>(2) Includes Christian Science practitioner and psychologic</li><li>(2) Includes consistent provide the second state of the second stat</li></ul>		las taskudas	CAUTION – If Form 1098	vas issued using a co-ow	ner's SSN, ent	_		e, address & SSN
(3) Includes nursing homes for individuals medically incap hospital or nursing home meals.			Name:					
(4) Includes physical therapy and psychotherapy; special s handicapped.	chooling for physic	cally or mentally	Box A SSN:					
			Address:					
<b>B2 - INVESTMENT INTERES</b>	T		If your home or 2nd home is	a qualified motor home, l	boat, etc., list	the name o	f the payee h	nere:
Interest paid on loans to acquire investments. This interes of net investment income.	t is only allowable	to the extent	CHECK ALL THAT A	PPLY.				
Brokerage Margin Accounts			Has the original	home loan ever beer	n refinanced	1?		
Vacant Land			Did you refinanc	e any of these loans t	his year? <mark>(If</mark>	so, provide	escrow closii	ng statements)
Other:					1			t limit?
oulei.				led the \$100,000 (app				
Other:				all your home loan b				



# **B** - ITEMIZED DEDUCTIONS

-

Spouse

			CONTRIBU	TIONS						
			tion. All cash contribu					0 are not deductible fo	r fodoral	in .
be documented with	n either a bank	record or written ve	erification from the ch					he extent they exceed		
benefits must be exc House of Worship	cluded from th	le donation.			<b>DO NOT</b> enter list them in S		yed business exper	nses here. Instead	You	Spouse
			Filer		Employee Bu					
Payroll Deduction			Spouse				D BE or were reimbursed of-town meals, hotel, air f			
Other:			·		Auto Travel		See	e Section <b>C1</b>		
Other:					Business Gift					
Other:					Must be ordinary	· · · · ·		See Section <b>C4</b>		1
B6 · NON	-CASH	CONTRIB	UTIONS	<b>.</b>	Employment					
			er condition. Items of	minimal value	Entertainmer	-				
such as underclothin	ng are not cou	nted. A written recei	pt is required for dona return if the total exc	ations of \$250	Equipment - I	Include individua	al items with a useful life	of one year or more in		
Deductions are limit			e fair market value (FN		Section B11.					
item contributed.					Insurance – N		ees, Credentials, Etc.			
Clothing & House					· · · · · · · · · · · · · · · · · · ·		Not general interest publi			
Automobile Travel				miles	Telephone (Bu		• .	ications)		
Volunteer Expense	es - Explain:						with a useful life of one	vear or more in Section		
Vehicle Donation	(Provide Fori	m 1098-C)			B11.		s with a useful life of one			
Other:					Supplies					
Other:							ncluding street wea	ar)		_
B7 - OTHI	ER DED	UCTIONS	3		Uniform Clea					
The expenses listed	in this sectior	are part of the "mis	cellaneous" itemized	deductions but	Union & Prof	essional Due	es			
are listed separately					Other:		Other Miscellaneou			
Gambling Losses (	-	-			Attorney Fees		produce taxable income o			
Impairment (Hand	,	•					By YOU (Not deducted fi			
Unrecovered Pens	ion Basis (De	eceased taxpayer)			Tax Preparati					
B8 - CASI	JALTY	LOSSES					Make Tax Payment	ts		
			only deductible to the		Other:					
			<pre>v personal casualty lose ea. Generally, after ins</pre>							
reimbursement, mus amount that exceed			ss income (AGI) and t	hen only the	<b>R40</b> - 1	NVEST	MENT EXP			
		eductible.						e not deductible for fe	deral nur	noses
The loss wa	s in a presid	entially declared	disaster area		But are still all					poses.
The loss wa	s from theft	or embezzlement				•	RECTLY connected with th nclude interest in Section	he production of TAXABLE B2.	INCOME C	NLY! Do not
The loss wa	s the result	of a Ponzi scheme	2		Investment A					
Casualty Descripti	on:				Safe Deposit	Box Fees				
					Legal & Acco	unting (Rela	ted to investments	)		
Date of Casualty				/ /	Other:	5.		, 		
Insurance Reimbu	rsement					TEMS		EFUL LIFE	O.F.	ONE
I	Property Dan	naged – or provide a l	ist in the same format	I	YEAR C					
Description of	Date	Original Cost	Fair Marke	et Value	Equipment, too	ols, computers,	, etc., purchased this y	ear and used in busine		j a
Property	Acquired	or Other Basis	Before Casualty	After Casualty				differently for tax purp		
	1 1					Description	of Property	Date Acquir	ed	Cost
	1 1							/ /		
								/ /		
		1	1	I.	1			/ /		

# **C** - **BUSINESS EXPENSES**

These expenses are primarily deductible on business schedules. Prior to 2018 employees could also deduct the expenses as an itemized deduction. However, for 2018 thru 2025 the deductions are not allowed as an itemized deduction for employees on the federal return but may be deductible on some state returns.

#### **C1 - VEHICLE OPERATING EXPENSES**

DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting to work and for personal travel.

used on	ly for commuting to work and for personal travel.		
	tion <b>MUST</b> be completed for every vehicle that for business whether or not you use the actual	Vehicle #1	Vehicle #2
	e or "standard mileage rate." IF THIS IS THE FIRST F BUSINESS USE FOR THE VEHICLE, PROVIDE A	You	You
	F THE PURCHASE OR LEASE CONTRACT.	Spouse	Spouse
Enter ve	hicle make, model and year		
The veh	icle is provided (owned) by your employer		
Amount	of reimbursement provided by the employer		
Reimbu	rsement is included in W-2 (Box 1) wages		
This veh	icle is available for personal use		
You hav	e another vehicle for personal use		
You hav	e written evidence to support your deduction		
	Expenses (do not include at place of employment) & Tolls		
_		Jan - Dec	Jan - Dec
	MILES DRIVEN THIS YEAR Il mileage – personal, commuting and business		
	For employer		
	Between First & Second Job		
	From Job to School (for job-related education)		
es	Rental		
Business Miles	Self-Employed Business		
ines	Temporary Job Sites		
Busi	Other (i.e. investment, tax prep, union or professional meetings - Provide detail)		
	Average Round-Trip Distance to Work – Required		
	Total Commuting Miles for the Year – Required		
	:le Operating & Other Expenses – This information i expense method, or if you used the actual method the first yea		
Fuel, Ch	arging Expense for Electric Vehicle		
Mainten	ance, Tires, Batteries and Repairs		
Insuran	ce (Do Not Duplicate Elsewhere)		
Vehicle	Licenses (Do Not Duplicate Elsewhere)		
Lease Pa	ayments		
Loan Int	erest (Self-employed only)		
Taxes (D	o Not Duplicate Elsewhere)		
Wash &	Wax		

C2 · AWAY FROM HOME		
EXPENSES	You	Spouse
Check if expenses incurred as an employee (Section B9)		
Check if expenses incurred for a self-employed business (Section C7)		
Airfare		
Auto Rental, Bus, Shuttle, Uber/Lyft, Taxi, Train, Etc.		
Meals (Including tips)		
Lodging (Meals must be separated and included in the line above)		
Laundry		
Bellman, Skycap, Etc.		
Other:		

### **BUSINESS EXPENSE DOCUMENTATION**

Business expenses must be based on a log and/or other receipts and records. Receipts are required for expenditures of \$75 or more and for all lodging expenses. The records should document: the business purpose, date and time, place and amount. Business meals must be ordinary and necessary to carry on the trade or business, not be lavish or extravagant, and be provided to a current or potential business customer or client, with the taxpayer or an employee present. For federal no deduction allowed for entertainment expenses for 2018 thru 2025. You must record the name and business relationship of each person for whom a meal is provided. **You may not deduct these expenses unless documented.** 

### **C3 - HOME OFFICE EXPENSES**

To qualify, a "home office" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. A federal home office deduction is not allowed by employees for 2018 thru 2025. Enter 100% of home taxes and mortgage interest in Sections B3 & B4.

Office is for: Filer	Spous	٩		Self-E	mpl	oyed Bu	siness			
	eparate set of data			Date use began:		n:	/	,	/	
Area (sq ft) of: Entire Home		<sup>2</sup> Office Ar	ea:		Ft <sup>2</sup>	Busines	ness Storage:			
If Day Care Cer	nter, Days per We	eek Used:			Но	urs Per	Day:			
If Day Care Center, Days per Week Used: Hours Per Day:  Expenses (Entire Home)  Rent <sup>(1)</sup> Utilities Insurance										
Rent <sup>(1)</sup>		Utilities				Insura	nce			
Repairs <sup>(2)</sup>		Maintenanc	e			Manag Condo	ement Fees			
		Expenses (	Offi	ice Portion On	ly)					
Repairs		Maintenanc	е			Other				
	ur home leave this									

(1) If you own your nome teave this entry bank. It has is the list of the to claim this once, provide the nompurchase settlement closing statement, property tax statement and list of improvements to the office. (2) Roof, outside painting included, not lawn care or pool maintenance.

#### **C4 - EDUCATION EXPENSES**

**CAUTION**: These expenses may qualify for tax credits and deductions and are used to justify certain exclusions and tax or penalty-free distributions. Expenses must be segregated by student. Use a different column for each student in the family. Please provide forms 1098-T and/or 1099-Q if applicable. Form 1098-T is mandatory to claim credit.

· •, • • • • • • • • • • • • • • • • •				
Student #1 Name:		Тахрауе	r Spouse	Dependent
Student #2 Name:		Taxpaye	Dependent	
Student #3 Name:		Taxpaye	r Spouse	Dependent
For Tuitio	on Credit	Student #1	Student #2	Student #3
Full-Time Student? If y	es, check box			
Post-Secondary Tuition	– First Four Years			
Post-Secondary Tuition	– After Four Years			
Enrollment Fees & Cou	urse Materials			
For Job Related Co	ontinuing Education (No	federal deduction f	for employees for 2	018-2025.)
Tuition & Fees				
Seminar Fees, Etc.				
Books & Supplies				
Travel Expenses	Lis	st in Sections <b>C1</b>	and/or C2	
distributions from Coverde	– Certain expenses, althoug ell Accounts, Qualified Tuitio we distributions from one of	n (Sec. 529) Plans a	and Savings Bond E	xclusions. If you
Tuition K – 12th Grade (C	Coverdell, 529 plan)			
Tuition – Post Seconda	ry			
Books & Supplies (not !	529 plan for Grades K-12)			
Room & Board (not 529	plan for Grades K-12)			



### C - RENTAL & BUSINESS INCOME This marker indicates payments that may require the issuance of a 1099 if the annual amount you paid to an individual is \$600 or

more. Failure to issue 1099s could lead to the loss of the deduction for that expense and/or monetary penalties.

#### **C5 - REAL ESTATE RENTAL INCOME & EXPENSES**

For property purchased or converted to rental use this year, provide purchase documents and property tax statement. List business vehicle expenses and travel expenses under "Rental Mileage", Section C1. Enter equipment rental business activities in Section C7 below. Copy this page if you have more than two rental activities or purchased more than four business assets or property improvements.

Durante						Dental la surra	Dana di Orana kia	IF A VACAT	ION HOME
Property Number	R or C <sup>(1)</sup>		Address or	Description		<b>Rental Income</b> (Provide any 1099-Ks)	Percent Ownership (if not 100%)	# of Days Personally Used	Number of Rental Days
#1									
#2									
Expenses			Property #1	Property #2	Expenses			Property #1	Property #2
Advertising	9				Taxes – Property				
Cleaning &	& Maintena	ance			Taxes – Payroll (D	o not include amounts with			
Commissio	ons	1000		Utilities (electric,			n, etc.)		
Insurance					Wages (W-2) (Gene	erally the amount from line	1 of the 2023 form W-3)		
Legal & Pr	ofessional	Fees 🔝			Condo or Homeov	vner Association (HOA)	Dues		
Manageme	ent Fees	1099			Telephone (toll cal	ls only)			
<b>9</b> Mortga	ge Interes	t Paid to Banks			Improvements & Replacements			urnishings, appliances, dra these expenses in Sectio	
🕈 Other II	nterest				For short-term rei	ntals, including when te	enants are secured		
Repairs		1000			using online servi	ices such as HomeAway	, Airbnb and VRBO,		
Supplies, H	lardware, E	tc.			enter the average	ter the average number of days of rental use.			
(1) R for Resi	idential C fo	r Commercial	•	·					

C6 - BU	SINESS PURCHAS	SES AN	ID IMP	ROVEN	IENTS					
Date	Description	Used For		Cast	Date	Description	Use	Cost		
Purchased	Description	Description Cos Rental # Business #		Cost	Purchased	Description	Rental #	Business #	COSL	
					/ /					

#### **C7 - SELF-EMPLOYED BUSINESS**

List business vehicle expenses and travel expenses in Sections C1 and C2. Enter home office expenses in Section C3. Copy this page if you have more than two business activities

Business Number	F or S <sup>(1)</sup>	Self-Employe Insurance		Business Na	ame		<b>ID Number</b> licable)	Gross	Returns & Allowances	Beginning Inventory		ions to Inventory (If hases provide additionation)		Ending Inventory
#1														
#2														
Expenses	·		Bu	siness #1	Busines	s #2	Expenses					Business #1	Busine	s #2
Advertisin	g						Legal & Pro	ofessional			1079			
Commissio	ons and Fee	2S	1.00				Licenses (lis	st multi-year lice	enses & permits ur	nder "other")				
Contract L	abor		1099				Office Expense (other than home office - see below)							
Dues & Pu	blications						Pension Pla	Pension Plan Fees						
Business N	1eals (100%	)					Rent – Equi	pment						
Employee	Benefit Pro	grams					Rent – Other							
Employee	Health Ber	efit Plans					Repairs 🔝							
Eauipment	t – with usef	ul life of less than					Supplies							
one year							Taxes – Pay	roll (Do not inc	lude amounts with	held from emplo	yees)			
Equipment	t – Other		Enter	these expenses in	n Section	C6.	Taxes – Sale	es						
Freight							Taxes – Pro	perty						
Gifts (Limite	ed to \$25 pe	r person)					Telephone							
Insurance	(Not Health)						Utilities							
• Interes	t – Mortga	Je (other than ho	ne)				Wages (W-2	(Generally the	amount from box	1 of the 2023 fo	rm W-3)			
• Interes	t – Other						Other Expe	nses (provide	list and amount	cs)				
Internet Se	ervice						Home Office	e (Enter informa	ation at C3 and che	eck box indicating	y which			_
Lease Imp	rovements							home office is a			-			
(1) F for File	er, S for Spous	e (2) Enter the tot	al gross in	come including cash	and credit	t card payment	s. Please provid	le all Forms 109	9-NEC as well as 1	.099-K received f	rom all n	nerchant card and third	party payers	



### D -BUSINESS DEDUCTION, RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS



D1 - SEC 199A DEDUCTION		D4 - MOVING DEDUCTIONS			
Income passed through from a business activity via a K-I may qualify for a special tax deduction.		For federal for years 2018 - 2025, allowed only for active duty members of the Armed Forces who move pursuant to a military order. There are no distance requirements for military change of station.			
The information needed to compute this deduction is included on <b>the K-1 and a separate K-1 statement</b> where the business income or loss is from partnerships, S-corporations and trusts Please be sure to provide the supplemental statement along with any K-1 form you've received.		Check if employer reimbursed any amount of moving expense or home sale assistance and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)			
		A - Miles from Old Residence to New Job			miles
D2 - HOME SALE		B - Miles from Old Residence to Old Job			miles
If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D5.		A minus B – if less than 50 mil	les, stop: no deductio	n allowed	miles
		Commercial Mover		Truck Rental	
		Temporary Storage (up to 30 days)		Lodging en route (no meals)	
Address of Home Cold		Trailer Rental		Highway Tolls	
Address of Home Sold	1	Rental Fuel Costs	/	Airfare	
Date Purchased	/ /	# of owned vehicles driven to new home	,	Auto Travel	miles
Purchase Price (please provide purchase escrow statement) You deferred gain from a home sale made prior to 5/7/	1997 If so please provide the	Boxes/Tape/Supplies		Other:	
Form 2119 for the year of sale.		· · · · · · · · · · · · · · ·			
Improvements to Home Sold (not maintenance)(provide list)		D5 - DEBT RE	LIEF & F	ORECLOSU	RE
Date of Sale (Please bring FINAL closing escrow statement. This	/ /	If you had debt totally or partially forgiven, you may be required to report debt relief income.			
Sales Price document will have the information needed for		This includes real estate mortgages, credit card debt, vehicle loans, etc. Debts discharged in bankruptcy and most forgiven student loans are not included. Please call the office in			
Sales Expenses these entries.)		advance to discuss what addi	tional documentat	tion may be required.	
You owned and used the home as your primary residen (counting back from the sale date)	CHECK ALL THAT APPLY You had any amount of credit card debt forgiven and provide a copy of the 1099-C you				
Your spouse (if married) owned and used the home as I two of the prior five years	received from the financial institution				
If owned and used less than two years, give reason for sale:	You abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D2 home sale information)				
If the home was ever used for business (such as a renta center)	Your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you received				
Any of the business use in the prior question was befor	D6 - QUESTIO	NS YOU	MAY HAVE		
The home was acquired by tax-deferred (Sec 1031) exc	If you need more space please include a separate note.				
You (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence					
The home was inherited (including from a deceased spouse)					
The home was not used as your primary residence for a					
You claimed the first-time home buyer credit in 2008					
D3 - ENERGY CREDITS					
Enter only items certified by the manufacturer to meet Gove	rnment energy standards.				
Did you have solar electric or solar water heating insta home in 2023?					
Did you pay for an energy audit of or make energy savi home in 2023?					
Did you purchase a new or previously-owned electric v					
Did you enter into a written binding contract to purcha vehicle in service on or after Aug. 16, 2022?	ise a new EV and placed that				

### D8 - SIGNATURE

Filer Signature	Date	Spouse Signature	Date		
	/ /		/ /		
To the best of my knowledge, all the information contained within this document is true, correct and complete.					