2022 TAX ORGANIZER

T O

This tax organizer has been prepared for your use in gathering the information needed for your 2022 tax return.

To save you time, selected information from your 2021 tax return has been entered in this organizer. Please line through any information that does not apply to your 2022 tax return.

In some cases, 2021 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

2022 TAX ORGANIZER

| • | I | |
|---|---|---|
| (| |) |

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

| Taxpayer Signature | Date |
|--------------------|------|
| | |
| Spouse Signature | Date |
| | |
| | |

| | <u>Form</u> | | Form |
|---|--------------|--|----------|
| Alimony Paid or Received | 13 | Gambling Winnings | 21 |
| Annuity Payments Received | 9A | Gifts | 34, 35 |
| Application of Refund | 20 | Health Savings Accounts | 13A |
| Business Income and Expenses | 6, 6A | Household Employment Taxes | 19 |
| Business Use of Home: | | Installment Sale Receipts | 7 |
| Business | 6D | Interest Income | 5A |
| Employee Business Expenses | 17B | Interest Paid | 144 |
| Farm | 12E | Investment Interest Expense | 144 |
| Itemized Deductions | 16A | IRA Contributions | g |
| Passthrough | 11B | IRA Distributions | 9 |
| Rental | 10E | Keogh Plan Contributions | 94 |
| Calendar | 33 | Medical and Dental Expenses | 14 |
| Casualty or Theft Losses | 16 | Ministerial Income | 13E |
| Child and Dependent Care Expenses | 18 | Miscellaneous Income and Adjustments | 13 |
| Consolidated Brokerage Statements: | | Miscellaneous Itemized Deductions | 16 |
| Interest Income & Foreign Information | 5E | Mortgage Interest Paid | 144 |
| Dividend Income & Foreign Information | | Moving Expenses | ε |
| Sales of Stocks, Securities, Capital Assets | | Partnership Income | 11 |
| Contributions | | Pension Income | 9A |
| Dependent Information | | Personal Information | 3 |
| Depreciable Property and Equipment: | | Railroad Retirement Benefits | 13 |
| Business | 6A | Real Estate Mortgage Investment Conduit Income (RE | EMIC) 11 |
| Employee Business Expenses | | Rental and Royalty Income and Expenses | 10, 10A |
| Farm | | Roth IRA Contributions/Conversions | 9 |
| Rental and Royalty | 10B | S Corporation Income | 11 |
| Direct Deposit Information | | Sale of Stock, Securities and Other Capital Assets | 7 |
| Dividend Income | | Sale of Your Home | ε |
| Education Expenses | 18 | Savings Bond Purchases | 4E |
| Educator (Teacher) Expenses | | SEP/SIMPLE Plan Contributions | 94 |
| Electronic Filing | | Social Security Benefits | 13 |
| Employee Business Expenses | | State and Local Tax Refunds | 13 |
| Estate Income | , | Student Loan Interest | 13A |
| Farm Income and Expenses | | Taxes Paid | 14 |
| Federal, State and City Estimated Taxes | , , | Trust Income | 11 |
| Foreign Assets | | Unemployment Compensation | 13 |
| Foreign Employment Information | | Vehicle/Other Listed Property Information: | |
| Foreign Housing Expenses | | Business | 6B, 6C |
| Foreign Taxes | | Employee Business Expenses | 17A |
| Foreign Travel and Workdays | | Farm | 12C, 12D |
| Foreign Wages and Other Income | | Rental and Royalty | 10C, 10D |
| oreign wages and Other Income | 31, 31A, 31D | Partnership/S Corporation | 11A |
| | | Wages and Salaries | 3A |
| | | | |





Questions (Page 1 of 5)

The following questions pertain to the 2022 tax year. For any question answered Yes, include supporting detail or documents.

| Personal Information: | Yes | No |
|--|-----|----|
| Did your marital status change? | | |
| Are you married? | | |
| If Yes, do you and your spouse want to file separate returns? | | |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | | |
| Can you or your spouse be claimed as a dependent by another taxpayer? | | |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | | |
| Dependents: | | |
| Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support. | | |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | | |
| Do you have any children under age 18 with unearned income more than \$1,150? | | |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,150? | | |
| Did you adopt a child or begin adoption proceedings? | | |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | | |
| Healthcare: | | |
| Did you obtain healthcare coverage through the Marketplace? If Yes, include all Forms 1095-A. | | |
| If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? | | |
| Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? | | |
| Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? | | |
| Are any of your dependents required to file a tax return? | | |



Questions (Page 2 of 5)

| Healthcare | (continued |): |
|------------|------------|----|
|------------|------------|----|

| Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? | Yes | No |
|--|-----|----|
| Grain year. | | |
| Were you eligible for employer-sponsored healthcare coverage? | | |
| Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA. | | |
| Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA. | | |
| Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC. | | |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? | | |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term | | |
| care plan at another job? If Yes, how many months were you covered? | | |
| Education: | | |
| Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? | | |
| Did you or your spouse pay any student loan interest? | | |
| Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, | | |
| your spouse, your children or grandchildren? | | |
| Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? | | |
| If Yes, include all Forms 1099-Q. | | |
| If Yes, were the amounts withdrawn used for qualified tuition expenses? | | |
| Deductions and Credits: | | |
| Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a | | |
| charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less. | | |
| Did you or your spouse incur any casualty or theft losses? | | |
| Did you or your spouse make any large purchases, such as motor vehicles and boats? | | |
| Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? | | |
| Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? | | |
| Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? | | |
| If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. Gallons Type | | |
| Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar | | |
| electricity equipment (photovoltaic) or fuel cells? Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior | | |
| doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? | | |
| acord ccom, modiation, modification, familiaeco, contrar an conditioners, or water modification. | | |



Questions (Page 3 of 5)

| nvestments: | Yes | No |
|--|-----|----|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | | |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any | | |
| partnership or S corporation? | | |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or | | |
| S corporation? | | |
| Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | | |
| Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | | |
| Did you or your spouse sell any securities not reported on Form 1099-B? Retirement or Severance: | | |
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | | |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity | | |
| or deferred compensation plan? | | |
| Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution? | | |
| Did you or your spouse make a qualified charitable distribution directly from an IRA? | | |
| Did you or your spouse retire or change jobs? | | |
| Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). Personal Residence: | | |
| Did your address change? | | |
| If Yes, provide the new address. If Yes, did you move to a different home because of a change in the location of your job? | | |
| , , , | | |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire | | |
| a principal residence? | | |
| Are your total mortgages on your first and/or second residence greater than \$750,000? If Yes, provide the principal balance and interest rate at the beginning and end of the year. | | |
| Did you or your spouse take out a home equity loan? | | |
| Did you or your spouse have an outstanding home equity loan at the end of the year? If Yes, provide the principal balance and interest rate at the beginning and end of the year. | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received | | |
| the Form 1098? | | |
| Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA. | | |



Questions (Page 4 of 5)

| Sale of Your Home: | Yes | No |
|--|-----|----|
| Did you sell your home? | | |
| Did you receive Form 1099-S? If Yes, include Form 1099-S. | | |
| Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | | |
| Did you or your spouse ever rent out the property? | | |
| Did you or your spouse ever use any portion of the home for business purposes? | | |
| Have you or your spouse sold a principal residence within the last two years? | | |
| At the time of the sale, the residence was owned by the: Taxpayer Spouse Both | | |
| Gifts: | | |
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$16,000 to any individual? | | |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) | | |
| to any person regardless of value? | | |
| Did you or your spouse make any gifts to a trust for any amount? | | |
| Do you or your spouse have a life insurance trust? | | |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? | | |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? | | |
| Foreign Matters: | | |
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature | | |
| authority over a bank account, securities account or other financial account in a foreign country? | | |
| Did you or your spouse create or transfer money or property to a foreign trust? | | |
| Did you or your spouse own any foreign financial assets? | | |
| Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? | | |
| Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? | | |
| If Yes, did the corporation cease to be an S corporation? If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? If Yes, did you or your spouse transfer any share of stock in the corporation? | | |



Questions (Page 5 of 5)

2E

Miscellaneous:

| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,400 during the year for domestic services | Yes | No |
|--|-----|----|
| performed in or around your home to individuals who could be considered household employees? | | |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? | | |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? | | |
| Did you or your spouse engage in any bartering transactions? | | |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? | | |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? | | |
| In 2022, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise | | |
| dispose of a digital asset (or a financial interest in a digital asset)? | | |
| In 2022, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or | | _ |
| your spouse seeking forgiveness? | | |
| If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) | | |
| If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your | | |
| spouse decided not to seek forgiveness. | | |
| Amount | | |

Additional state pages have been included at the back of the organizer and should be reviewed.





Personal Information

| Taxpayer: | First Name and Initial | | Last Name | | | | | Social Securit | y Number |
|--|--|-----------------------|-----------------------|--------------|--------------|--------------|--------------|----------------|----------------|
| | Occupation | | Date of Birth (Mo/I | Da/Yr) [| Date of Deat | h (Mo/Da/Yr) | | | |
| | o soapano. | | Julio 6, Jiliii (116) | , | | (| | Do | oes not expire |
| | Driver's License or State-Issued ID Nu | \neg | Expiration Date (M | | ssue Date (N | /lo/Da/Yr) | State | | |
| | Driver's License | State-Issued ID | No Identific | ation | | | | | |
| Spouse: | First Name and Initial | | Last Name | | | | | Social Securit | y Number |
| | | | | | | | | | |
| | Occupation | | Date of Birth (Mo/I | Da/Yr) [| Date of Deat | h (Mo/Da/Yr) | | | |
| | Driver's License or State-Issued ID Nu | ımber | Expiration Date (M | lo/Da/Yr) I | ssue Date (N | /lo/Da/Yr) | State | Do | oes not expire |
| | Driver's License | State-Issued ID | No Identific | ation | | | | | |
| Contact Information: | | | | | | | | | |
| | Street Address | | | | | | | Apartment Nu | mber |
| | City | | St | ate | | | | ZIP or Postal | Code |
| | Foreign Province or County | | | | | | | | |
| | Foreign Country | | | | | | | | |
| | Toldigit Country | | | | | | | | |
| | Taxpayer Daytime/Work Phone | Taxpayer Evening/Home | e Phone Taxpay | er Foreign F | Phone | | | | |
| | Taxpayer Cell Phone | Taxpayer Fax Number | | | | | | | |
| | Spouse Daytime/Work Phone | Spouse Evening/Home | Phone Spouse | e Foreign Ph | none | | | | |
| | Spouse Cell Phone | Spouse Fax Number | | | | | | | |
| | Taxpayer Email Address | | | | | | | | |
| | Spouse Email Address | | | | | | | | |
| | Preferred Method of Contact | | | | | | | | |
| | | | | | | Ye | s N | 0 | |
| • | authority discuss the return wit dependent on someone else's | | | | | | $+$ \vdash | | |
| is the taxpayor olaimed do a c | appendent on someone close o | tax rotain: | | | | ··· | axpayeı | _ | Spouse |
| | | | | | | Ye | | | - |
| Are you considered legally bli | ind per IRS regulations? | | | | | | ÌË | | |
| Do you want to contribute to Are you a U.S. citizen or Gree | the Presidential Election Cam | | | | | | $+$ \vdash | | + - |
| Personal Identification Num | | IRS 2-lesued by | | | | ∟ | | | |
| | | | | TS | State | City | Code | e [| PIN |
| filing security. If you would lik | hat taxpayers have an Identity se an IP PIN for yourself, your s e IP PIN assigned, visit IRS.go | spouse, or your dep | pendents or | | Jule | J.Ly | 550 | | |

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|---------------------------|-----------------------------|-----------------------------|-----------------------------|
| Α | | | | | | |
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Did dependent have income over \$4,400?

| | | | \forall | |
|---|------------------------------------|------------------|-----------------|-------------------------------|
| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
| Α | | | | |
| В | | | | |
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Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | | Т | ax Withheld | | |
|----|-----------------|---------------|---------|-------------|-------------|-------|-------|
| 13 | Employer's Name | Taxable wages | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
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Electronic Filing

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Electronic Filing:

| Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implifying mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states all preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their return | lso requir | e certain |
|--|------------|-----------|
| Do not electronically file the federal return | | |
| Do not electronically file the state return(s) | | |
| Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failu Thecked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. | | - |
| vill contact you to discuss these requirements and your ability to "opt-out" of electronic filing. | | |
| | ment whe | en |
| vill contact you to discuss these requirements and your ability to "opt-out" of electronic filing. The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document. | ment whe | No No |
| vill contact you to discuss these requirements and your ability to "opt-out" of electronic filing. The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document of the image of the i | Yes | |

Spouse PIN ______





Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

| Direct Deposit and Electronic Funds Withdr | awai Account Information: | | |
|--|--|---------------------------------------|-----------------|
| he IRS and certain states allow refunds to be deposited eceive your refund or pay a balance due electronically, conultiple accounts. If you selected direct deposit or electronical tracks are the control of the contro | omplete the following information. Addi | itional space has been provided for t | he use of v. |
| Vould you like any refunds owed to you directly deposited | d? | | Yes No |
| ould you like any returns owed to you directly deposited only our federal returns of the control | | | |
| If Yes, what amount would you like withdrawn, if not the | | | |
| If Yes, when should the withdrawal occur, if other than | | (Mo/Da/Yr) | |
| ould you like to pay any amount due on your <u>state</u> return | | | |
| If Yes, what amount would you like withdrawn, if not the | | | |
| If Yes, when should the withdrawal occur, if other than | | (Mo/Da/Yr) | |
| ne IRS and some states allow estimated payments to be | | | |
| Would you like to pay any estimated payments due for | • | . , | |
| Would you like to pay any estimated payments due for | | | |
| would you like to pay any estimated payments due for | your <u>state</u> return(s) using electronical | y withdrawai, ii available: | |
| Name of bank or financial institution Routing Transit Number (RTN) Account number | | | |
| | | | |
| Type of account: Checking | Traditional Savings | IRA Savings | |
| Archer MSA Savings | Coverdell Ed. Savings | HSA Savings | |
| | | | |
| Is this a business account? | Yes | No | |
| | | | |
| Account owner | Taxpayer | Spouse | Joint |
| ould you like any refunds owed to you directly deposited | | | Yes No |
| ould you like to pay any amount due on your <u>federal</u> reti | | | |
| If Yes, what amount would you like withdrawn, if not the | | | |
| If Yes, when should the withdrawal occur, if other than | | (Mo/Da/Yr) | |
| ould you like to pay any amount due on your <u>state</u> return | | | |
| If Yes, what amount would you like withdrawn, if not th | | | |
| If Yes, when should the withdrawal occur, if other than | | (Mo/Da/Yr) | |
| ne IRS and some states allow estimated payments to be | | | |
| Would you like to pay any estimated payments due for | • | • • | |
| Would you like to pay any estimated payments due for | | | |
| | | | |
| Routing Transit Number (RTN) | | | |
| Account number | | | |
| | | | |
| Type of account: Checking | Traditional Savings | IRA Savings | |
| Archer MSA Savings | Coverdell Ed. Savings | HSA Savings | |
| | | | |
| Is this a business account? | Yes | No | |
| | | | _ |
| Account owner | Taxpayer | Spouse | Joint |

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.





Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

| | [| Tax-Exempt Interes | st Code: 1 - 1099-II | NT 2 - Private Acti | vity Bon | d 3 - Both | |
|------------------------|--------|--------------------|----------------------|-------------------------------|----------|------------------------|-------------------------|
| TSJ | Name o | f Payer | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | 2021 Interest Amount |
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| | | Total | | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual from Whom Mortgage Interest Was Received | Identification Number of Individual | 2022 Interest Amount | 2021 Interest Amount |
|--|--|-------------------------|-------------------------|
| | | | |
| Address of Individua | ıl from Whom Mortgage I | nterest Was Receive | ed |
| | | | |

| Enter Any Additional Informatior |
|----------------------------------|
|----------------------------------|

Note: List all items sold during the year on Form 7.



Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| | TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Total Capital | U.S. Bond Interest Amount or Percent in Box 1a |
|---|-----|---------------|---------------------------------------|----------------------------------|---------------|--|
| Α | | | | | | |
| В | | | | | | |
| С | | | | | | |
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| | | Total | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| | • | | |
|---|-------|------------------------|-----------------------------------|
| | Code | Tax-Exempt Interest | 2021 Gross Dividends Amount |
| Α | | | |
| В | | | |
| С | | | |
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| Ν | | | |
| | Total | | |

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



| incipal Business or Profession: | | |
|--|---------------------|-------------|
| TSJ Employer ID number Street address City, state, ZIP or postal code, and country Method of inventory Method of accounting | | |
| usiness Questions for 2022: | | Yes |
| Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventive you involved in the operations of this business on a regular, continuous and substantial basis? Have you prepared or will you prepare all required Forms 1099? | (Mo/Da/Yr) tory? | |
| Health insurance premiums paid for yourself and your dependents | 2022 Amount | 2021 Amount |
| come: Payment card and third party transactions: Include all Forms 1099-K | | |
| Description | 2022 Amount | 2021 Amount |
| Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC | | |
| Other Income: | | 1 |
| | | - |
| Other gross receipts or sales Less returns and allowances | | <u> </u> |
| Beginning inventory Purchases less cost of items withdrawn for personal use Cost of labor (do not include amounts paid to yourself) | 2022 Amount | 2021 Amount |
| Materials and supplies | | |
| Other costs of goods sold: Description | 2022 Amount | 2021 Amount |



| incipal Business or Profession: | | | |
|--|----------------|--------------------------|-------------|
| penses: | | 2022 Amount | 2021 Amount |
| Advertising | | | |
| Car and truck expenses | | | |
| Parking fees and tolls | | | |
| Commissions and fees | | | |
| Contract labor | | | |
| Employee benefit programs and health insurance (other than pe | | | |
| Insurance (other than health) | | | |
| Interest - mortgage (paid to banks, etc.) | | | |
| Interest - other | | | |
| Legal and professional fees | | | |
| Office expense | | | |
| Pension and profit-sharing plans | | | |
| Rent or lease · vehicles, machinery and equipment | | | |
| Rent or lease - other business property | | | |
| Repairs and maintenance | | | |
| Supplies (not included in Cost of Goods Sold) | | | |
| Taxes and licenses | | | |
| Travel | | | |
| Manda | | | |
| Meals | | | |
| Meals Entertainment (deductible only on some state returns) | | | |
| Entertainment (deductible only on some state returns) | | | |
| Entertainment (deductible only on some state returns) Utilities Wages | | | |
| Entertainment (deductible only on some state returns) Utilities | | | |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits | | 2022 Amount | 2021 Amount |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits her Expenses: | | 2022 Amount | 2021 Amount |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits Cher Expenses: | | 2022 Amount | 2021 Amount |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits ther Expenses: | | 2022 Amount | 2021 Amount |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits ther Expenses: | | 2022 Amount | 2021 Amount |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits ther Expenses: | | 2022 Amount | 2021 Amount |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits ther Expenses: | | 2022 Amount | 2021 Amount |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits ther Expenses: Description Operty and Equipment: Include a list if more s | space is neede | Date Acquired | |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits her Expenses: Description Operty and Equipment: Include a list if more s | space is neede | | 2021 Amount |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits her Expenses: Description Description The property and Equipment: Include a list if more services and services and services are services and services and services and services and services are services and services and services are services are services and services are services are services and services are services and services are services are services and services are services are services and services are services and services are services are services are services. | space is neede | Date Acquired | |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits her Expenses: Description Operty and Equipment: Include a list if more s | space is neede | Date Acquired | |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits her Expenses: Description Operty and Equipment: Include a list if more s X if not new Acquisitions - Description | space is neede | Date Acquired (Mo/Da/Yr) | |
| Entertainment (deductible only on some state returns) Utilities Wages Dependent care benefits her Expenses: Description Operty and Equipment: Include a list if more s X if not new Acquisitions - Description | space is neede | Date Acquired | |





Business Expenses - Vehicle and Other Listed Property

| ame of Business: | · · · | | | | |
|--|------------------------------|----------------------------|----------------------|-----------------------|---------|
| incipal Business or Profession: | | | | | |
| sted Property Questions for 2022: | | | | | Yes |
| Do you have evidence to support the busines | ss use percentage claime | ed on listed property? | | | |
| | | | | | |
| f you are an employer who provides vehic | les for use by employee | s: | | | Yes |
| Do you maintain a written policy statemer | nt that prohibits all persor | nal use of vehicles, inclu | ding commuting, b | y your employees? | |
| Do you maintain a written policy statemer | nt that prohibits personal | use of vehicles, except | commuting, by you | r employees? | |
| Do you treat all use of vehicles by employ | rees as personal use? | | | | |
| Do you provide more than five vehicles to vehicles and retain the information rec | 10 | information from your e | | | |
| Do you meet the requirements for qualifie vehicle use by individuals other than for personal possessions in the vehicle are | ull-time vehicle salespers | ons, use for personal va | cation trips, storag | e of | |
| nicle: | Vehi | cle 1 | | Vehicle 2 | |
| Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours? | Yes No | | Yes Yes | No No | |
| Mileage: | 2022 Miles | 2021 Miles | 2022 Mi | les 202 ⁻¹ | 1 Miles |
| Total miles Total business miles Business miles after June 30 Total commuting miles for the year | | | | | |
| Actual Expenses: | 2022 Amount | 2021 Amount | 2022 Am | ount 2021 | Amount |
| Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases | | | | | |



Business Expenses



| usiness Expenses: | Enter all expenses at 100 percent | | |
|---|--|-------------|-------------|
| - | er the percentage to apply to this business | | |
| II IIOt 10070, piease cito | if the percentage to apply to this business | | |
| | | 2022 Amount | 2021 Amount |
| Parking fees and tolls | | | 1 |
| | | | |
| Travel expenses | | | |
| | | | |
| Entertainment (deductib | ole only on some state returns) | | |
| Other Business Expense | | T | |
| | Description | 2022 Amount | 2021 Amount |
| | | | |
| | | + | |
| | | | |
| eimbursements: | List only reimbursements NOT reported in Box 1 of your Form W-2 | 2022 Amount | 2021 Amount |
| | ner expenses | | |
| | eals | | |
| | tertainment | | |
| | nployee, does your employer's reimbursement plan for meals | | |
| | llow for offset of other reimbursements? | Yes No | |
| ehicle: | and the second of the second o | 24 | |
| | er the percentage to apply to this business | <u>%</u> | |
| Description of vehicle | | | |
| Data vahiala was places | | | |
| Date vehicle was placed | d in service (Mo/Da/Yr) | | |
| | d in service (Mo/Da/Yr) | Yes No | |
| Do you (or your spouse) | d in service | Yes No | |
| Do you (or your spouse) | d in service (Mo/Da/Yr) | Yes No | |
| Do you (or your spouse) | d in service | | |
| Do you (or your spouse) Was your vehicle availab | d in service | Yes No | |
| Do you (or your spouse) Was your vehicle availat Total miles | d in service | Yes No | |
| Do you (or your spouse) Was your vehicle availat Total miles Total business miles | d in service (Mo/Da/Yr) have another vehicle available for personal purposes? ble for personal use during off-duty hours? | Yes No | |
| Do you (or your spouse) Was your vehicle availat Total miles Total business miles Business miles after Jur | d in service (Mo/Da/Yr) have another vehicle available for personal purposes? ble for personal use during off-duty hours? | Yes No | |
| Do you (or your spouse) Was your vehicle availat Total miles Total business miles Business miles after Jur Average daily commutin | d in service (Mo/Da/Yr) have another vehicle available for personal purposes? ble for personal use during off-duty hours? | Yes No | |
| Do you (or your spouse) Was your vehicle availate Total miles Total business miles after Jur Average daily commutin Total commuting miles f | d in service (Mo/Da/Yr) have another vehicle available for personal purposes? ble for personal use during off-duty hours? ne 30 ng miles | Yes No | |
| Do you (or your spouse) Was your vehicle availate Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil | d in service (Mo/Da/Yr) have another vehicle available for personal purposes? ble for personal use during off-duty hours? ne 30 ng miles for the year | Yes No | |
| Do you (or your spouse) Was your vehicle availate Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil Repairs | d in service (Mo/Da/Yr) have another vehicle available for personal purposes? ble for personal use during off-duty hours? ne 30 ng miles for the year | Yes No | |
| Do you (or your spouse) Was your vehicle availate Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil Repairs | d in service (Mo/Da/Yr) have another vehicle available for personal purposes? ble for personal use during off-duty hours? ne 30 ng miles for the year | Yes No | |
| Do you (or your spouse) Was your vehicle availated Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil Repairs Insurance Interest Taxes | d in service (Mo/Da/Yr) have another vehicle available for personal purposes? ble for personal use during off-duty hours? ne 30 ng miles for the year | Yes No | |
| Do you (or your spouse) Was your vehicle availated Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil Repairs Insurance Interest Taxes Value of employer provise | d in service (Mo/Da/Yr) I have another vehicle available for personal purposes? In the personal use during off-duty hours? In the 30 Ing miles If or the year Indeed vehicle | Yes No | |
| Do you (or your spouse) Was your vehicle availate Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil Repairs Insurance Interest Taxes Value of employer provid | d in service (Mo/Da/Yr) I have another vehicle available for personal purposes? I ble for personal use during off-duty hours? In e 30 Ing miles If or the year Indeed vehicle In als | Yes No | |
| Do you (or your spouse) Was your vehicle availate Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil Repairs Insurance Interest Taxes Value of employer provice Temporary vehicle renta | d in service (Mo/Da/Yr) I have another vehicle available for personal purposes? I ble for personal use during off-duty hours? In e 30 Ing miles If or the year Indeed vehicle In als | Yes No | |
| Do you (or your spouse) Was your vehicle availated Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil Repairs Insurance Interest Taxes Value of employer provid Temporary vehicle renta Fair market value of leas Vehicle leases | d in service (Mo/Da/Yr) I have another vehicle available for personal purposes? Dele for personal use during off-duty hours? The 30 The 30 The year The year The year The year The year The year The year year year The year year year year The year year year year year The year year year year year year year yea | Yes No | |
| Do you (or your spouse) Was your vehicle availate Total miles Total business miles Business miles after Jur Average daily commutin Total commuting miles f Gasoline and oil Repairs Insurance Interest Taxes Value of employer provice Temporary vehicle renta | d in service (Mo/Da/Yr) I have another vehicle available for personal purposes? Dele for personal use during off-duty hours? The 30 The 30 The year The year The year The year The year The year The year year year The year year year year The year year year year year The year year year year year year year yea | Yes No | |



| Principal Business or Profession: | | | |
|---|---------------|------|----|
| Partial Use of Your Home for Business: | 2022 | 2021 | |
| Square footage of home used exclusively for business | | | |
| Total square footage of home | | | |
| Total hours home was used for day care during the year | | | |
| | | Yes | No |
| Was your home used for day care purposes for the entire year? | | | |
| Were improvements made to the home and/or home office since the time you began using the home | for business? | | |

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| nsurance [| | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Jtilities [| | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct E | xpenses | Indirect E | xpenses |
|-------------|-------------|-------------|-------------|-------------|
| Description | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|--|--|--|
| | | |



Sales of Stocks, Securities, <u>Capital Assets & Installment Sales</u>

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

| include all Forms 1099- <i>i</i> | հ, 1099-B, 1099-S and | copies of mutual fund | d statements for the year |
|----------------------------------|-----------------------|-----------------------|---------------------------|
|----------------------------------|-----------------------|-----------------------|---------------------------|

| oid you h | ave any of the following during the year? | | | Yes | No | , |
|-----------|--|----------|--------------------------------|------------------|----|---|
| Mutua | al fund transactions | | | | | |
| Excha | nge of any securities or investments for something other than cash | | | | | |
| Sales | of inherited property | | | | | |
| | of any stock or stock options at a loss and purchases of the same or substantially similabre or 30 days after the sale | • | • | | | |
| Comm | nodity sales, short sales or straddles | | | | | |
| Reinve | estment of the proceeds of gains in a qualified opportunity fund | | | | | |
| Sale o | f any investments in qualified opportunity funds | | | | | |
| Debts | that became uncollectible | | | | | |
| Securi | ities that became worthless | | | | | |
| Sale o | f any property where you will receive payments in future years | | | | | |
| | | | | | | |
| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date S (Mo/Da | | |

| | TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|---|-----|----------------------------------|----------|--------------------------------|-------------------------|
| Α | | | | | |
| В | | | | | |
| С | | | | | |
| D | | | | | |
| Ε | | | | | |
| F | | | | | |
| G | | | | | |
| Н | | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--|------------------------|-------------------------|-----------------------|
| Α | | | | |
| В | | | | |
| С | | | | |
| D | | | | |
| Е | | | | |
| F | | | | |
| G | | | | |
| н | | | | |

Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2022 Principal Received | 2021 Principal Received |
|-----|----------------------|-------------------------|----------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



8



| Sale or Exc | change of | Your Home: |
|-------------|-----------|------------|
|-------------|-----------|------------|

| Former Home Information: | |
|--|--------|
| TSJ (Mo/Da/Yr) Date acquired (Mo/Da/Yr) Date sold (Mo/Da/Yr) | |
| Selling price | |
| Original Cost and Cost of Improvements: | |
| Description | Amount |
| | |
| | |
| Sale Expenses: | |
| Commissions, legal fees, advertising and other expenses. | |
| Description | Amount |
| | |
| | |
| in the home for at least 2 of the 5 years preceding the sale? If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the was acquired or the date the mortgage was most recently renegotiated | |
| oving Expenses: | |
| TSJ | |
| Were the moving expenses reimbursed by your employer? Enter reimbursements not included in wages on your Form W-2 | Yes N |
| Was the move due to a permanent change of station pursuant to a military order? | Yes N |
| Mileage: | Miles |
| Number of miles from old home to new workplace (applicable only on some state returns) Number of miles from old home to old workplace (applicable only on some state returns) Number of automobile miles in move before July 1, 2022 Number of automobile miles in move after June 30, 2022 | |
| Transportation Expenses: | Amount |
| Costs of transportation of household goods and personal effects Costs of travel and lodging (do not include meals or automobile expenses) Automobile expenses (gasoline, oil, etc.) Meals (Pennsylvania only) | |



9



| Individual Retireme | nt Account (IRA): Includ | le all copies o | of Forms 10 | 099-R and 549 | 98. | | | |
|---|--|---|-------------------|-------------------------|-----------------------|-----------|--------------------|----|
| TS | | | | | | | | |
| IRA Questions for 202 | 99: | | | | | | Yes | No |
| Are you covered by If no, is your spo Do you want to limi If no, do you wa for an IRA de Did you use any IRA | an employer's retirement plan? ouse covered by an employer's ret t your IRA contribution to the max nt to contribute the maximum allo | tirement plan? imum amount de wable amount to | ductible on yo | n though you may | not qualify | | | |
| If Yes, explain. | | | | | | | | |
| IRA Values, Rollovers | , and Distributions: | | | | | | | |
| Note: This inforr Outstanding rollove Total distributions o | converted to Roth IRAs | you received a di | stribution duri | ng the year. | | | | |
| Contributions: | | | | | | | | |
| Contributions in Amount for 202: Roth IRA: | 2023 for the 2022 tax return 2 you choose to be treated as nor | ndeductible | | | | | | |
| N | ame of Payer | 2022 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a | 2021 G Distribu | |
| | | | | | | | | |
| | | | | | | | | |



9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2022 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2021 Gross Distributions |
|-----|---------------|-----------------------------|-------------------|-------------------------|-----------------------|------------------------|-----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Self-Employed Retirement Plan: | Include copies of all Forms 1099-R | | |
|--|------------------------------------|-------------|-------------|
| | | Taxpayer | Spouse |
| Have you established a self-employed reting deductible contributions? Do you want to contribute the maximum a | | Yes No | Yes No |
| Contributions to: | | 2022 Amount | 2022 Amount |
| Simplified employee pension plan Defined benefit plan Defined contribution plan SIMPLE plan | | | |





| Location of Property: | | |
|--|-------------|-------------|
| TSJ Type of property | | |
| Have you prepared or will you prepare all required Forms 1099? | | Yes No |
| | 2022 | 2021 |
| Ownership percentage if not 100% How many days was this property rented at fair market value? How many days was this property used personally (including use by family members)? | % | |
| Income: | 2022 Amount | 2021 Amount |
| Rents received Royalties received | | |
| Payment card and third party transactions: Include all Forms 1099-K | | |
| Description | 2022 Amount | 2021 Amount |
| | | |
| Miscellaneous income: Include all Forms 1099-MISC | | |
| Description | 2022 Amount | 2021 Amount |
| | | |
| | | |
| Other income: | 1 | |
| Description | 2022 Amount | 2021 Amount |
| | | |
| | | |
| | | |





| xpenses: | 2022 Amount | 2021 Amount |
|---------------------------------------|-------------|-------------|
| Advertising | | |
| Auto and travel | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Insurance | | |
| Legal and other professional fees | | |
| Management fees | | |
| Mortgage interest paid to banks, etc. | | |
| Mortgage interest paid to individuals | | |
| Other interest | | |
| Repairs | | |
| Supplies | | |
| Taxes | | |
| Utilities | | |
| Dependent care benefits | | |
| Employee benefits | | |
| Other Expenses: | | |
| Description | 2022 Amount | 2021 Amount |
| | | |
| | | |
| | | |
| | | |
| | | |





Rental and Royalty Property and Equipment & Depletion

| Acquisitions X if not new | Equipment: Include a list if more s: Description | | ded | | |
|----------------------------|---|-----------------------------|------|-----------------------------|---------------|
| X if | | on | | | |
| not new | Descriptio | on | | Date Acquired | 01 |
| | | | | Date Acquired (Mo/Da/Yr) | Cost |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Dispositions | s: | | | | |
| | | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| rcentage De | epletion Information: | | | | |
| | Production Type | | | Royalty | Income |
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 2022 Amount | 2021 Amount |
| | | | | | |
| | | | | | |
| | | | | | |





Rental and Royalty Vehicle and Other Listed Property

| Location of Property: | | | | | | |
|--|------------------------------|---------------------------|----------------------|---------------|-------------------|-------|
| Listed Property Questions for 2022: | | | | | Ye | es No |
| Do you have evidence to support the busine | | ed on listed property? | | | | |
| If you are an employer who provides vehic | les for use by employee | s: | | | <u> </u> | |
| Do you maintain a written policy statemer | nt that prohibits all persor | nal use of vehicles, incl | uding commuting, | oy your emplo | oyees? | es No |
| Do you maintain a written policy statemen | nt that prohibits personal | use of vehicles, excep | commuting, by yo | ur employees | s? | |
| Do you treat all use of vehicles by employ | /ees as personal use? | | | | | |
| Do you provide more than five vehicles to vehicles and retain the information rec | | information from your e | | | [| |
| Do you meet the requirements for qualifie use by individuals other than full-time possessions in the vehicle and limits t | vehicle salespersons, use | e for personal vacation | trips, storage of pe | • | hicle | |
| Vehicle: | Vehi | cle 1 | | Vehicle | 2 | |
| Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours? | Yes No | | Yes [| No No | | |
| Mileage: | 2022 Miles | 2021 Miles | 2022 N | liles | 2021 M ile | es |
| Total miles Total business miles Business miles after June 30 Total commuting miles for the year | | | | | | |
| Actual Expenses: | 2022 Amount | 2021 Amount | 2022 An | nount | 2021 Amo | unt |
| Gasoline, oil, repairs, insurance, etc Interest | | | | | | |



| Location of | Property: | | | | |
|------------------------|--|--|------------------------|----------------------|-------------------|
| Partial Use | of Your Home for Business: | | | | 2022 |
| | age of home used exclusively for busin footage of home | ess | | | |
| Were improv | vements made to the home and/or hom | ne office since the time y | ou began using the hom | e for business? | Yes No |
| Expenses: | Enter all expenses at 100 p | ercent | | | |
| | nses benefit the business part of your h Cost of painting or repairs made to th | | ised for business. | | |
| - | enses are required for keeping up and : : Real estate taxes. | running your entire home | e. | | |
| | | Direct I | Expenses | Indirect E | Expenses |
| | | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| Casualty los | ses | | | | |
| | nortgage interest paid to: | | | | |
| Financiai Individua | institutions | | _ | | |
| Real estate | La | | _ | | |
| Insurance | | | 1 | | |
| | ortgage insurance premiums | | 7 | | |
| | maintenance | | | | |
| | | | | | |
| | | | | | |
| Other Expe | nses: | | | | |
| | Description | Direct I | Expenses | Indirect I | xpenses |
| | 2000 | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| | | | - | | |
| | | | | | |
| | | | 7 | | |
| | | | | | |
| | | | | | |
| | | | _ | | |
| | | | _ | | |
| | | | | | |
| Seller-Finar | nced Mortgage Interest Inforn | nation: | | | |
| | lame of Individual to Whom Nortgage Interest Was Paid | Identification Number of Individual | Address of Individu | ual to Whom Mortgage | Interest Was Paid |





Partnership, S Corporation, Estate, Trust and REMIC Income

| artnership Inco | me: Include all Schedules K-1 | | |
|-----------------|---|-----------------------|------------------------------------|
| rsJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
| | | | |
| | | | |
| | | | |
| | | | |
| Corporation Inc | come: Include all Schedules K-1 | | |
| SJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
| | | | |
| | | | |
| | | | |
| | | | |
| tate and Trust | Income: Include all Schedules K-1 | | |
| SJ | Entity Name | | Employer ID Number |
| | | | |
| | | | |
| eal Estate Mort | gage Investment Conduit (REMIC) Income: | de all Schedules Q | |
| SJ | Entity Name | | Employer ID Number |
| | | | |







| siness Expenses | Enter all expenses at 100 percent | | |
|---|---|-------------|--------------|
| - | percentage to apply to this business | | |
| | | 2022 Amount | 2021 Amount |
| Parking fees and tolls | | | |
| | | | |
| | | | |
| | | | |
| | tible only on some state returns) | | |
| Other Business Expe | ises: | | |
| | Description | 2022 Amount | 2021 Amount |
| | | | |
| mbursements: | List only reimbursements NOT reported | 2022 Amount | 2021 Amount |
| | in Box 1 of your Form W-2 | ZOZZ AMOUNT | 202 i Amount |
| | other expenses | | |
| | neals | | |
| icle: | entertainment | | |
| | percentage to apply to this business | % | |
| escription of vehicle | | | |
| • | ed in service (Mo/Da/Yr) | | |
| | | | |
| | e) have another vehicle available for personal purposes? | Yes No | |
| /as your vehicle avail | able for personal use during off-duty hours? | Yes No | |
| | | 2022 | 2021 |
| | | | |
| otal miles | | | |
| -4-1 !! | | | |
| | | | |
| usiness miles after J | une 30 | | |
| usiness miles after J verage daily commut | une 30 ing miles | | |
| usiness miles after J verage daily commut otal commuting miles | une 30 ing miles for the year | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil | une 30 ing miles for the year | | |
| usiness miles after Journal verage daily commutotal commuting miles asoline and oil | une 30 ing miles for the year | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil epairs | une 30 ing miles for the year | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil epairs surance | une 30 ing miles for the year | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil epairs surance terest axes | une 30 ing miles for the year | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil epairs surance terest axes | une 30 ing miles of for the year vided vehicle | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil epairs asurance treest axes | une 30 ing miles for the year vided vehicle tals | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil epairs surance terest axes alue of employer proemporary vehicle ren | une 30 ing miles for the year /ided vehicle tals | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil epairs surance terest axes alue of employer proemporary vehicle renair market value of le | une 30 ing miles ifor the year vided vehicle tals ased vehicle | | |
| usiness miles after Joverage daily commutotal commuting miles asoline and oil epairs surance terest axes alue of employer protemporary vehicle renair market value of lechicle leases | une 30 ing miles ifor the year vided vehicle tals ased vehicle | 2022 Amount | 2021 Amount |



11**B**



| Activity Name: | | | | |
|--|--------------------------|-----------------------|-----------------|-------------|
| Partial Use of Your Home for Business: | | | į | 2022 |
| Square footage of home used exclusively for busines Total square footage of home | ss | | | |
| Were improvements made to the home and/or home | office since the time yo | u began using the hom | e for business? | Yes No |
| Expenses: Enter all expenses at 100 per | rcent | | | |
| Direct expenses benefit the business part of your ho Example: Cost of painting or repairs made to the | | ed for business. | | |
| Indirect expenses are required for keeping up and ru Example: Real estate taxes. | nning your entire home. | | | |
| | Direct E | xpenses | Indirect E | Expenses |
| | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance Qualified mortgage insurance premiums Repairs and maintenance | | | | |
| Utilities Rent | | | | |
| Other Expenses: | | | | |
| | Direct E | xpenses | Indirect E | Expenses |
| Description | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|--|--|--|
| | | |

Worksheets: Fiduciary Passthrough > Business Use of Home, Partnership Passthrough > Business Use of Home, and S Corporation Passthrough > Business Use of Home



Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

| discellaneous Income and Adjustments: | TSJ | | TSJ | |
|--|-------------|-------------|-------------|-------------|
| • | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2022 | |] | | |
| Social security benefits received | |] | | |
| Social security benefits repaid in 2022 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2022 | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |
| | | | | |

State and Local Income Tax Refunds:

| TC I | State | City | Tax | Income Ta | ax Refund |
|------|-------|------|------|-----------|-----------|
| 133 | State | City | Year | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2022 Amount | 2021 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | 2022 Amount | 2021 Amount |
|-----|------------------|--|---|--|-------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |





| Ed | ucat | or Expenses: | Deduction for amou | nts paid by educators of kindergarten | through Grade 12 |] |
|------------------------|---|--|----------------------------|---------------------------------------|------------------|-------------|
| | TS | 2022 Amount | t 2021 Amount | | | |
| He | alth | Savings Acco | unts (HSAs) Include | e all Forms 1099-SA | | |
| | TS | | Des | scription | 2022 Amount | 2021 Amount |
| | | Contributions made | de for 2022 | | | |
| | | Distributions rece | ived from all HSAs in 2022 | | | |
| Wer Wer Did I | e any e all c you o f Yes, What | HSA contributions distributions from y r your spouse enro what month did y month did your sp | ouse enroll? | n your Form W-2? | | |
| | TSJ | | Nature | and Source | 2022 Amount | 2021 Amount |
| | | | | | | |
| | | | | | | |



| Medi | cal and Dental Expenses: | TSJ | 2022 Amount | 2021 Amount |
|------|--|---------|-------------------------|-------------|
| Pre | scription medicines and drugs | | | |
| Tot | al medical insurance premiums paid * | | | |
| Lor | ng-term care expenses | | | |
| Tot | al insurance reimbursement | | | |
| Nu | mber of miles traveled for medical care before July 1, 2022 | | | |
| Per | sonal protective equipment | | | |
| | lging | | | |
| | ctors, dentists, etc. | | | |
| Ho | spitals | | | |
| | fees | | | |
| • | glasses and contacts | | | |
| Nui | mber of miles traveled for medical care after June 30, 2022 | | | |
| | | | 2022 Amount | 2021 Amount |
| Tax | payer long-term care insurance premiums paid | . [| | |
| | ouse long-term care insurance premiums paid | | | |
| | o not include Medicare premiums or premiums deducted in computing taxable wages report Medical Expenses: | orted o | on a W-2. | |
| TS | Description | | 2022 Amount | 2021 Amount |
| | Becompain | | LOLL AMOUNT | 2021 Amount |
| - | | | | |
| - | | | | |
| | | | | |
| Тауе | s Paid: Include copies of your tax bills | | | |
| IUAC | indude dopies of your tax bins | TSJ | 2022 Amount | 2021 Amount |
| Per | sonal property taxes paid (include vehicle taxes) | | | |
| | neral sales taxes paid on specified items | | | |
| 40. | total dated taxed paid on opening from | | | |
| Iter | nize real estate taxes by state. | | | |
| TS | Real Estate Taxes | | 2022 Amount | 2021 Amount |
| | _ | | | |
| | | | | |
| | | | | |
| Othe | r Taxes Paid: | | | |
| TS | Description | | 2022 Amount | 2021 Amount |
| | | | | |
| - | | | | |
| | | | | |
| If y | rou purchased or sold your home in 2022, did you include any taxes from your closing sta | temen | t in the amounts above? | Yes No |



| /lortgage Q | uestions for 2022 | <u>:</u> : | | | | Yes No |
|--|---|--|-----------------------------|------------------------|-------------|-------------|
| Did you refin If Yes, ho Did you purc If Yes, er If Yes, al during If Yes, did | nance your home? (If Yow many years is your chase a new home or successed the closing states, did you (or your sport the 3 year period prior your (and your spous do you (and your spous the states). | e, did you include any mortgage interest from es, enclose the closing statement.) new mortgage loan? ell your former home during the year? ements from the purchase and sale of your necession, if married) have an ownership interest in to the purchase of this home? e, if married at the time of purchase) own and tive year period during the 8 year period end | ew and formen a principal i | er homes. residence il | n the US | 🔲 🗀 |
| ome Morto | gage Interest Pai | d To Financial Institutions: | | | | |
| TSJ | | Paid To | | Receive 1098? | 2022 Amount | 2021 Amount |
| | | | | | | - |
| ther Home | e Mortgage Intere | | | | | |
| TSJ | Paid To Name Address | | ID Nu | mber | 2022 Amount | 2021 Amount |
| eductible | Pointe: | | | | | |
| TSJ | Folitis. | Paid To | Form | Receive 1098? | 2022 Amount | 2021 Amount |
| | | | Yes | No | | |
| | nsurance Premiur | | | | | |
| Premiums pa | aid or accrued for qual | ified mortgage insurance. | | TSJ | 2022 Amount | 2021 Amount |
| | | | | | | |
| | Interest Expense on money you borrow | : red that is allocable to property held for inves | tment. | | | |
| TSJ | | Paid To | | | 2022 Amount | 2021 Amount |
| | | | | | | |
| | | | | | | |

14A



| Cash Continuations. I include all Forms 1096-C or other documentation. | Cash Contributions: | Include all Forms 1098-C or other documentation. |
|--|---------------------|--|
|--|---------------------|--|

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2022 Amount | 2021 Amount |
|-----|---|-------------|-------------|
| | | | |
| | | | |
| | | | |
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| | | <u> </u> | |
| TSJ | Conservation Real Property | 2022 Amount | 2021 Amount |
| | 100% limit | | |
| | 50% limit | | |
| TSJ | Description | 2022 Miles | 2021 Miles |
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

| Noncash Contributions | Totaling \$ | 3500 or Less: |
|------------------------------|-------------|---------------|
|------------------------------|-------------|---------------|

| TSJ | Description of Donated Property | 2022 Amount | 2021 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

| | TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|---|-----|----------------------|------------------|---------------------|---------------|
| Α | | | | | |
| В | | | | | |
| С | | | | | |

| | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|----------------------------|---------------------------------|--------------------------|--------------------------|
| Α | | | | |
| В | | | | |
| С | | | | |
| ٠ | | | | |

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value 4 - Other (Describe) 2 - Catalog

| 1 - Gift | 3 - Exchange | |
|-----------------|--------------|--|
| 2 - Inheritance | 4 - Purchase | |

| | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| Α | | |
| В | | |
| С | | |



Itemized Deductions - Business Use of Home

16A

These expenses are not deductible on the Federal return but may be deductible on some state returns.

| artial Use of Your Home for Business: | | | 2022 | 2021 |
|--|---|-------------------|---------------------------|-------------------------|
| Square footage of home used exclusively for business | s | | | |
| Total square footage of home | | | | |
| Total hours home was used for day care during the year | | | | |
| | | | | Yes |
| Was your home used for day care purposes for the er | ntire year? | | | |
| Were improvements made to the home and/or home of | | | | |
| | | | | |
| xpenses: Enter all expenses at 100 per | cent | | | |
| | | | | |
| Direct expenses benefit the business part of your ben | ma. | | | |
| Direct expenses benefit the business part of your hon Example: Cost of painting or repairs made to the s | | sed for business | | |
| Direct expenses benefit the business part of your hon Example: Cost of painting or repairs made to the s | | sed for business. | | |
| | specific area or room us | | | |
| Example: Cost of painting or repairs made to the s | specific area or room us | | | |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run | specific area or room us | | | |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run | specific area or room us | | Indirect I | Expenses |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run | specific area or room us | | Indirect I 2022 Amount | Expenses 2021 Amount |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and rur Example: Real estate taxes. | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. Casualty losses Deductible mortgage interest paid to: | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. Casualty losses Deductible mortgage interest paid to: Financial institutions | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance Qualified mortgage insurance premiums | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance Qualified mortgage insurance premiums Repairs and maintenance | specific area or room us nning your entire home. Direct E | xpenses | | · |
| Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and run Example: Real estate taxes. Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance Qualified mortgage insurance premiums | specific area or room us nning your entire home. Direct E | xpenses | | · |

| Description | Direct E | xpenses | Indirect Expenses | | |
|-------------|-------------|-------------|-------------------|-------------|--|
| Description | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|--|--|--|
| | | |



Employee Business Expenses Business Use of Home

| artial Use of Your Home for Business: | | | 2022 2021 | | |
|---|------------------------------|-------------------|-------------|-------------|--|
| Square footage of home used exclusively for busin Total square footage of home Total hours home was used for day care during the | | | | | |
| Was your home used for day care purposes for the Were improvements made to the home and/or home. Expenses: Enter all expenses at 100 p Direct expenses benefit the business part of your h | ne office since the time you | | | | |
| Example: Cost of painting or repairs made to th | | sed for business. | | | |
| Indirect expenses are required for keeping up and Example: Real estate taxes. | running your entire home | | | | |
| | Direct E | xpenses | Indirect I | Expenses | |
| | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount | |
| Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance Qualified mortgage insurance premiums Repairs and maintenance Utilities Rent | | | | | |
| Other Expenses: | | | | | |
| December 1 | Direct E | xpenses | Indirect I | Expenses | |
| Description | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|--|--|--|
| | | |





Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

| neral Information: | | | | | | | | |
|---|-------------------------------|------------|---------------------|-----------|---------------------|------------|--------------------|-----------|
| TSJ | | | | | | | | |
| Were you or your spouse a full time s | tudent or disabled? | | | | | Γ | Yes | No |
| old you pay an individual for services | | | | | | | Yes | No |
| , , , | | | | | | | | |
| xpenses incurred in 2021 but paid i | | | | | | | | |
| mployer-provided dependent care b | | | | | | | | |
| 021 carryover used in grace period | | | | | | L | | |
| ild/Dependent Care Provide | ers: | | | | | | | |
| Provider 1: | | | | | | | | |
| Name | <u> </u> | | | | | | | |
| Street address | | | | | | | | |
| City, state, ZIP or postal code, a | and country _ | | | | | | | |
| | | | | | | | | |
| | nber | | | | | | | |
| Telephone number (California o | only) | | | | _ | 1 | | |
| | | 2022 | Amount | 202 | 1 Amount | | | |
| Expenses incurred and paid in 2 | 2022 | | | | | | | |
| Expenses incurred and not paid | l in 2022 | | | | | | | |
| City, state, ZIP or postal code, a Social security number OR Employer identification numb Telephone number (California o | per | | | | _ | | | |
| | | 2022 | Amount | 202 | 1 Amount | | | |
| Expenses incurred and paid in 2 | 2022 | | | | | | | |
| Expenses incurred and not paid | | | | | | | | |
| | | | | | | • | | |
| alifying Persons for Child/D | ependent Care Exper | nses: | | | | | | |
| First Name and Initial | Last Name | | Social Sec Numbe | | 2022 Expenses In | curred | 202 Expenses I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| r Education Expenses for E | | | | | | | | |
| lified expenses are for post-seconda expenses. | ry education tuition and rela | ated expen | ses; they do r | not inclu | ide room or boa | ard. Inclu | de a detailed | listing o |
| Include copies of all Forms | 1098-T | | | | | | | |
| First Name and Initial | | Last Na | ıme | | Social Sec Numb | | 202 Qualified E | |
| | | | | | | | | |
| | | | | | | | | |
| | 1 | | | | 1 | | I | |



| General Information: | | | | | | |
|--|--|----------------------------|-----------|---------------------------------------|----------|-------------|
| TSJ | | | | | | <u> </u> |
| Employer identification nur | mber | | | | | |
| | | | | | | Yes No |
| Did you pay any one house | ehold employee cash wages of \$2,400 | or more in 2022? | | | | |
| Did you withhold any feder | ral income tax from wages paid to any | household employee? . | | | | |
| Did you pay total cash waq | ges of \$1,000 or more in any calendar | quarter of 2021 or 2022? | | | | |
| Social Security, Medic | are and Income Taxes: | | | 2022 Amount | : | 2021 Amount |
| Cash wages subject to so | cial security taxes | | | | | |
| Cash wages subject to Me | edicare taxes (if different than cash wa | ges subject to social secu | rity) | | | |
| Cash wages subject to add | ditional Medicare tax withholding | | | | | |
| Federal income tax withhe | ld | | | | | |
| State disability plan payme | ents subject to social security taxes | | | | | |
| State disability plan payments subject to so | ents subject to Medicare taxes (if differnotal security) | rent than plan | | | | |
| Federal Unemploymen | nt (FUTA) Tax: | | | | | Yes No |
| Did you pay unemploymen | nt contributions to more than one state | ? | | | | Yes No |
| Were all of the wages subj | ect to FUTA tax subject to the state's | unemployment tax? | | | | |
| | | | State | Total Cash Wag Subject to FUT | | 2021 Amount |
| | | - | | | | |
| | | - | | | | |
| Complete the following for | all state unemployment contributions | made: | | | | |
| | | X if payment to be ma | ade after | April 18, 2023 — | \ | |
| | Name of State | Total Taxable Wages | | ntribution Paid to employment Fund | x | 2021 Amount |
| | | | | | | |
| | | | | | | |
| | | | | | | |



Federal Tax Payments



| Refund A | pplication: |
|----------|-------------|
|----------|-------------|

| Refunded Yes No Applied to your 2023 estimated tax liability Yes No | | | |
|--|------------|--|-------------|
| Federal Estimated Tax Payments: | Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| 2022 1st Quarter Estimate | (022) | | |
| 2022 2nd Quarter Estimate (Due 06-15-2 | (022) | | |
| 2022 3rd Quarter Estimate (Due 09-15-2 | (022) | | |
| 2022 4th Quarter Estimate (Due 01-17-2 | (023) | | |
| 2021 overpayment applied to 2022 estimate | | | |
| Tax Planning Information for Tax Year 2023: | | | |
| Do you expect any of the following to occur in 2023? | | | . . |
| | | | Yes I |
| A change in your marital status | | | |
| A change in your marital status A change in the number of your dependents | | | |
| | | | |
| A change in the number of your dependents | | | |
| A change in the number of your dependents A substantial change in your income | | | |
| A change in the number of your dependents A substantial change in your income A substantial change in your withholding A substantial change in deductions | | | |
| A change in the number of your dependents A substantial change in your income A substantial change in your withholding | | | |
| A change in the number of your dependents A substantial change in your income A substantial change in your withholding A substantial change in deductions | | | |



State and City Tax Payments

| State and City Estimate | ed Tax Payments: | TSJ State/City | | |
|---|---|--|--|-------------|
| | | Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| 2022 1st Quarter Estimate 2022 2nd Quarter Estimate 2022 3rd Quarter Estimate | | | | |
| 2022 4th Quarter Estimate If you have an overpayment want the excess applied to | of 2022 taxes, do you to your 2023 estimated tax liability? | | | Yes No |
| Balance of prior year(s)' tax | xtensions | | | |
| State and City Estimate | ed Tax Payments: | TSJ State/City | | |
| | Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid | |
| 2022 1st Quarter Estimate 2022 2nd Quarter Estimate 2022 3rd Quarter Estimate | | | | |
| 2022 4th Quarter Estimate If you have an overpayment want the excess applied to | | | | Yes N |
| 2021 overpayment applied t Balance of prior year(s)' tax | co 2022 estimate paid in 2022 plus ktensions | | | |
| State and City Estimated Tax Payments: | | TSJ State/City | | |
| | | Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| 2022 1st Quarter Estimate 2022 2nd Quarter Estimate | | | | |
| 2022 3rd Quarter Estimate 2022 4th Quarter Estimate If you have an overpayment | | | | |
| want the excess applied to 2021 overpayment applied to | | | Г | Yes No |
| Balance of prior year(s)' tax | | | - | |



Include all of your current year Forms W-2G

| TS | Name of Payer | Gross Winnings | Tax Withheld | |
|----|---------------|----------------|--------------|-------|
| | | | Federal | State |
| | | | | |
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