2023 Tax Organizer Personal Information

Personal Information											
				Name			\$	SSN	Has IP PIN	Dat	te of Birth
Taxpayer								***_**_***			
Spouse											
Name of pe	erson to who	om all infor	rmation should I	oe addressed, if not t	he taxpayer						
Street add	dress, city	, state, an	id ZIP								
	1		Occ	upation		Daytime Phone	Evening	g Phone		Cell F	hone
Taxpayer											
Spouse											
Taxpayer e	email										
Spouse er	mail										
Are you or your spouse blind? Are you or your spouse disabled? Are you or your spouse a full-time student? Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? At any time during 2023 did you: (a) receive (as a reward, award, or payment for property or service) a digital asset? (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Identification Information Taxpayer's type of photo ID Driver's license State-issued photo ID Photo ID number Photo ID number											
State photo						State photo ID was issue Date photo ID was issued					
Date photo ID was issued Date photo ID was issued Date photo ID expires											
-	•	-	or Deposit	s and Withdra		<u> </u>					
			•		Bank	Bank	Type of	Account	Use	e this A	ccount for
		Name o	f Bank		Routing Number	Account Number	Checking	Savings	Dep	osits	Withdrawals
Appoint	tment Ir	nformat	ion								
four 2023	appointm	nent is scl	heduled for								

Dependent Information First and Latel Name SSN Name of Care Provider Date Paid Amount Date Paid Amount			Dependent	and Other Inf	formatio	on			
First and Last Name SN Relationship PN Relationship Date of Birth PN Disabled Student Childcare Expenses PPN Relationship Months In Home Date of Birth Disabled Student Student Student Childcare Expenses	lame:							SSN	: ***_**
SSN IP PIN Relationship In In Home Date of Birth Disabled Student Expenses IP PIN Relationship In In Home Date of Birth Disabled Student Expenses SSN or EIN Amount Paid Address SSN or EIN Amount Paid Settimates Federal Date Paid Amount Date Paid Amount Date Paid Amount Page Provider Date Paid Amount Date Paid Amount Date Paid Amount Page Provider Date Paid Amount Date Paid Amount Date Paid Amount Page Provider Date Paid Amount Page Provider Date Paid Amount Date Paid A	Dependent Information	1							
Name of Care Provider Address SSN or EIN Amount Paid Address SSN or EIN Amount Paid Amount Paid Estimates Federal Date Paid Amount Date Paid Amount Date Paid Dat				Relationship	in	Date of Birth	Disabled	time	
Name of Care Provider Name of Care Provider Address SSN or EIN Amount Paid Amount Paid Estimates Federal Date Paid Date									
Name of Care Provider Address SSN or EIN Amount Paid Address SSN or EIN Amount Paid Amount Paid Estimates Federal Date Paid Amount Date Paid									
Name of Care Provider Address SSN or EIN Amount Paid Address SSN or EIN Amount Paid Amount Paid Estimates Federal Date Paid Amount Date Paid									
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Name of Care Provider Address SSN or EIN Amount Paid Address SSN or EIN Amount Paid Estimates Federal Resident State Resident City Date Paid Amount Date Pa									
Name of Care Provider Address SSN or EIN Amount Paid Address SSN or EIN Amount Paid Estimates Federal Date Paid Amount Da									
Name of Care Provider Address SSN or EIN Amount Paid Amount Paid Estimates Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount Date Paid Amount Date Pai	st dependents required to fil	e a return							
Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount verpayment applied om 2022 rst quarter econd quarter purth quarter	Child and Other Depen	dent Care Exp	enses						
Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount Verpayment applied om 2022 irst quarter econd quarter hird quarter ourth quarter	Name of Care Provider			Address			SSN or E	EIN	Amount Paid
Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount Verpayment applied om 2022 irrst quarter econd quarter hird quarter ourth quarter									
Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount Overpayment applied om 2022 irist quarter econd quarter hird quarter ourth quarter									
Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount verpayment applied om 2022 irst quarter econd quarter hird quarter ourth quarter									
Date Paid Amount Date Paid Amount Date Paid Amount Date Paid Amount Verpayment applied om 2022 First quarter econd quarter hird quarter purth quarter	Estimates								
rom 2022 First quarter Second quarter Fhird quarter Fourth quarter									
econd quarter hird quarter ourth quarter	verpayment applied om 2022		_	_					
hird quarter	irst quarter								
ourth quarter	econd quarter		_						
			_						
dditional payments			_	_					
	dditional payments		_	-					

Healthcare Coverage Questionnaire							
Name:				S	SN: ***_**		
Heal	thca	re Information					
		Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All		
YES	NO	Did anyone other than you or your spouse pay for healthcare coverage for	anyone listed above?		1		
		Did you pay for healthcare coverage for anyone not listed above? coverage for any part of the year:					
vvne	re was	the policy obtained? Employer	ange) Other				
-		Employer Medicare Medicaid Marketplace (Excharge than ecoverage part or all of the year: Es if the following applies to any member of the household	ange) 🔲 Other				
		Was your previous insurance policy canceled in 2023?					
		Was coverage offered by your employer or your spouse's employer?					
		Are you a member of a federally recognized Indian tribe?					
		Are you eligible for services through an Indian healthcare provider?					
	Are you a member of a healthcare sharing ministry?						
	Did you live in the United States the entire year?						
	Are you enrolled in TRICARE?						
		Did you apply for CHIP coverage?					
		Do any of the following apply to you? Do NOT indicate which one.					
		Became homeless					
		Evicted in the past six months, or facing eviction or foreclosure					
		Received a shut-off notice from a utility company					
		Recently experienced domestic violence					
		Recently experienced the death of a close family member					
		Recently experienced a fire, flood, or other natural or human-caused dis-	saster that resulted in	substantial damage t	o your property		
		Filed for bankruptcy in the last six months					
		Incurred unreimbursed medical expenses in the last 24 months that resi	ulted in substantial de	ebt			
		Experienced unexpected increases in essential expenses due to caring	for an ill disabled or	aging family memehe	ar .		

Income		
Name:	SSN:	***_**
Wages & Salaries Provide all copies of Form W-2		
TS Employer Name		2023 Federal Wages
	·	
	·	
Retirement		
Provide all copies of Form 1099-R		2023
TS Payer Name		Distribution
	·	
Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductiln Yes No Did you use any of the distributions for disaster relief?	ole contribution	as?

	Income		
me:		SSN	l: ***_**_***
		331	
	dend Income le all copies of Form 1099-DIV and other statements that report dividend income.		
viu	le all copies of Form 1099-DIV and other statements that report dividend income.	2023	2023
J	Account Number Payer Name	Ordinary Dividends	Qualified Dividend
_			
_			
_			
			
	·		-
ter	rest Income		
	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.		
J	Account Number Payer name		2023 Interest
_			
			-

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale	of	Car	oital	Assets
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Name:			SSN:	***_**_***		
Sale of Capital Assets (including items not reported on Form	1099-B)					
Provide all brokerage statements	Date	Date	Sales	•		
TSJ Description of Property	Purchased	Sold	Price	Cost		
	_					
	_					
	_					
	_					
	_					
- <u></u>						
Latella and Oak Latella						
Installment Sale Income						
TSJ Description of property:						
Date acquired Date sold			2023	Prior Years		
Selling price						
Mortgages assumed						
Cost of property sold						
Depreciation allowed		· · · · · · —	_			
Commissions and expense of sale		· · · · · · —				
Gross profit percentage		· · · · · ·				
Interest received		· · · · · ·				
Principal payments received		· · · · · · <u> </u>				
Property was sold to a related party						

Other	Income	and Ad	justments
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Other Income 2023 Taxpayer 2020 Social Security Benefits (attach Forms 1099-SSA) Railroad Retirement Benefits (attach Forms 1099-RRB) ————————————————————————————————————	Name:	SSN:	***_**
Social Security Benefits (attach Forms 1099-SSA)	Other Income		
Railroad Retirement Benefits (attach Forms 1099-RRB) State income tax refund (attach Forms 1099-G) Alimony received Divorce or separation date Divorce or separation date Unemployment compensation repaid in 2023 Gambling winnings (attach Forms W2-G) Alaska Permanent Fund Jury duty pay ABLE distributions Scholarships or grants not reported on Form W-2 Other income: Adjustments Adjustments Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Seif-Employed Health insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to a Roth IRA Interest paid on a student loan			
State income tax refund (attach Forms 1099-G) Alimony received Divorce or separation date Unemployment compensation (attach Forms 1099-G) Unemployment compensation (attach Forms 1099-G) Unemployment compensation repaid in 2023 Gambling winnings (attach Forms W2-G) Alaska Permanent Fund Jury duty pay ABLE distributions Scholarships or grants not reported on Form W-2 Other income: 2023	Social Security Benefits (attach Forms 1099-SSA)		
Alimony received Divorce or separation date Divorce or separation date Divorce or separation (attach Forms 1099-G) Unemployment compensation (attach Forms 1099-G) Unemployment compensation repaid in 2023 Gambling winnings (attach Forms W2-G) Alaska Permanent Fund Jury duty pay ABLE distributions Scholarships or grants not reported on Form W-2 Other income: Adjustments Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to a Roth IRA Interest paid on a student loan	Railroad Retirement Benefits (attach Forms 1099-RRB)		
Divorce or separation date Amount Unemployment compensation (attach Forms 1099-G)	State income tax refund (attach Forms 1099-G)		
Unemployment compensation (attach Forms 1099-G) Unemployment compensation repaid in 2023 Gambling winnings (attach Forms W2-G) Alaska Permanent Fund Jury duty pay ABLE distributions Scholarships or grants not reported on Form W-2 Other income: 2023 Taxpayer 2023 Ta	Discourse and the late		
Unemployment compensation repaid in 2023 Gambling winnings (attach Forms W2-G) Alaska Permanent Fund Jury duty pay ABLE distributions Scholarships or grants not reported on Form W-2 Other income: Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Name Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA Interest paid on a student loan			
Gambling winnings (attach Forms W2-G) Alaska Permanent Fund Jury duty pay ABLE distributions Scholarships or grants not reported on Form W-2 Other income: Adjustments Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to a Roth IRA Interest paid on a student loan	Unemployment compensation repaid in 2023		
Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to a Roth IRA Contributions made to a student loan	Gambling winnings (attach Forms W2-G)		
Jury duty pay ABLE distributions Scholarships or grants not reported on Form W-2 Other income: Adjustments Taxpayer Z023 Taxpayer Z023 Taxpayer Spouse Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Contributions made to a student loan	Alaska Permanent Fund		
ABLE distributions Scholarships or grants not reported on Form W-2 Other income: Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to a Roth IRA Contributions made to a Roth IRA	Jury duty pay		
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Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA	Other income:		
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Interest paid on a student loan			
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Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Interest paid on a student loan	Adjustments		
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Interest paid on a student loan			2023
Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Interest paid on a student loan		Taxpayer	Spouse
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA Interest paid on a student loan			
Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA Interest paid on a student loan	Contained to a read to a read the contained of the contained to a read the contained the contained to a read the contained the contained the contained to a read the contained the con		
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Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA Interest paid on a student loan	·		
SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA Interest paid on a student loan	SSN Divorce or separation date		
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA Interest paid on a student loan			
Contributions made to an Individual Retirement Account (IRA)			
Contributions made to a Roth IRA			
Interest paid on a student loan			
	Contributions made to a Notifica		
Other adjustments:	intersect paid on a stadent roan		
	Other adjustments:		

Schedule C - Profit or Loss from Business					
Name:	SSN:	***_**_***			
General Business Information					
TS Professional product or service	Employer ID number				
Business name					
Business address, city, state, ZIP					
Accounting Method: Cash Accrual Other (sp	pecify)				
This business started or was acquired during 2023.	This business was disposed of during 2023.				
Select if this business is for:					
Professional gambler Newspaper delivery and you are under 18 years of age					
Exempt Notary income	A clergy				
Yes No Payments of \$600 or more were paid to an individual, who is If "Yes," did you file Forms 1099 for the individuals?	not your employee, for services provided for this business.				
Did you receive a Paycheck Protection Program (PPP) loan f If 'Yes," was any portion of the loan forgiven in 2023?	for this business prior to June 1, 2021?				
Income					
2023		2023			
Gross receipts or sales	Other income · · · · · · · · · · · · ·				
Returns & allowances					
Expenses 2023		2023			
Advertising	Repairs & maintenance				
Car & truck expenses	Supplies				
Commissions & fees	Taxes & licenses				
Contract labor					
Depletion					
Employee benefit programs	Utilities				
Insurance (other than health)	Wages · · · · · · · · · · ·				
Interest - mortgage	for taxpayer, spouse or dependents				
Interest - other Other expenses (list)					
Legal & professional services					
Office expenses					
Pension & profit-sharing plans					
Rent (other business property)					
Cost of Goods Sold					
2023		2023			
Inventory at beginning of year	Materials & supplies				
Purchases	Other costs				
Cost of personal use items	Inventory at end of year				
Cost of labor					

Name: General Property Information TSJ Property description Address, city, state, ZIP Select the property type
TSJ Property description Address, city, state, ZIP Select the property type Single family residence Vacation / short-term rental Land Self-rental Nulti-family residence Other Number of days property was rented Number of days property was used for personal use If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied This property was placed in service during 2023. Yes No
Property description Address, city, state, ZIP Select the property type Single family residence Vacation / short-term rental Land Self-rental Multi-family residence Royalties Other Number of days property was rented Number of days property was used for personal use If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied This property was placed in service during 2023. Yes No
Select the property type Single family residence Vacation / short-term rental Land Self-rental Multi-family residence Royalties Other Number of days property was rented Number of days property was used for personal use If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied This property was placed in service during 2023. Yes No
Single family residence
This property was disposed of during 2023. Payments of \$600 or more were paid to an individual, who is
This property was disposed of during 2023. This property is your main home or second home. This property was owned as a qualified joint venture. If "Yes," did you file Forms 1099 for the individuals?
Income
2023 Royalties from oil, gas, mineral, copyright or patent
Expenses
Rental Unit Rental <u>and</u> Homeowner Expenses Expenses
Advertising
Auto & travel
Cleaning & maintenance
Commissions
Insurance
Legal & professional fees property. Use the "Rental unit expenses" column to show
Management fees expenses that pertain ONLY to
Mortgage interest
Other interest
Repairs multi-unit property in which you lived in one unit, complete just
Supplies
Taxes column.
Utilities
Depletion
Other expenses

Expenses Related to Business						
Name:	SSN: ***_***					
Auto Expense						
Name of business vehicle is used for						
Description of vehicle	Date vehicle was placed in service					
Yes No Was this vehicle available for use during off-duty hours? Was another vehicle available for personal use?	Yes No Do you have evidence to support your deduction? If "Yes," is the evidence written?					
Mileage Number of miles the vehicle was driven during 2023						
Business · · · · · · · · · · · · · · · · · ·	Other					
Commuting · · · · · · · · · · · · · · · · · · ·	<u></u>					
Expenses Garage rent	<u> </u>					
Insurance						
Licenses						
Oil						
Parking fees						
Rental fees						
Interest						
Property tax						
Business Use of Home						
Name of business home is used for						
What is the total square footage of your home that was used regularly and	exclusively for business?					
What is the total square footage of your home?	dia a succetta a					
For daycare facilities not used exclusively for business, complete the follow	ving questions					
How many days during the year was the area used?						
How many hours per day was the area used?						
The daycare facility was in operation for the entire year						
Expenses Office expenses Mortgage interest	•					
D. J. Math. Law.	enter those expenses that					
Excess mortgage interest	pertain exclusively to your office,					
-	enter those expenses that					
Insurance	pertain to the entire dwelling.					
Rent						
Repairs & maintenance						
Utilities						
Other expenses						

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

mame.	33	NN. ***_**_***	
			_
Sche	edule K-1 from Partnerships, S Corporations, Estates and Trusts		
	e all copies of Schedule K-1 and attachments		
FIOVICE	s all copies of scriedule K-1 and attachments		
	x	=11.1	
TS	Entity Name	EIN	_
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Schedule F - Profit	or Loss from Farming
Name:	SSN: ***_***
General Information	
TS Principal product	Employer ID number
Accounting method, if not cash: Accrual	
This farm was disposed of during 2023.	
Yes No Payments of \$600 or more were paid to an individual, who is not lif "Yes," did you file Forms 1099 for the individuals?	ot your employee, for services provided for this farm.
Did you receive a Paycheck Protection Program (PPP) loan for If "Yes," was any portion of the loan forgiven in 2023?	this business prior to June 1, 2021?
Income	2002
2023	2023
Sale of livestock / other items	Custom hire income
Cost of items bought for resale	Beginning inventory for accrual
Sale of products you raised	Ending inventory for accrual
(Provide 1099-PATR)	You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	Other income
CCC loans forfeited	
Expenses 2023	2023
Car & truck expenses	Rent - other (land, animals, etc.)
Chemicals	Repairs & maintenance
Conservation expenses	<u> </u>
Custom hire (machine work)	Storage & warehousing
Employee benefit programs	
Feed purchased	
Fertilizers & lime	
Freight & trucking	
Gasoline, fuel, & oil	Family health coverage payments for taxpayer, spouse or dependents
Insurance (other than health)	
Interest - mortgage (paid to banks, etc.)	
Interest - other	
Non-W-2 labor hired	
W-2 wages paid	
Pension & profit-sharing plans	

Rent - vehicles, machinery, & equipment

2023 Form 4835 - Farm Rental Income and Expenses Name: SSN: **General Information** Employer ID Number Description This farm was disposed of during 2023 Income 2023 2023 Income from production of livestock, Crop insurance proceeds: Amount received in 2023 You elect to defer to 2024 Total agricultural payments Amount deferred from 2022 Commodity Credit Corporation (CCC) loans: CCC loans reported Other income . CCC loans forfeited **Expenses** 2023 2023 Car & truck expenses Seeds & plants purchased Storage & warehousing . Supplies purchased Employee benefit programs Feed purchased Veterinary, breeding, & medicine Other expenses (list) Freight & trucking Gasoline, fuel, & oil Interest - mortgage (paid to banks, etc.) Pension & profit-sharing plans Rent - vehicles, machinery & equipment Rent - other (land, animals, etc.)

Household Employment					
Name	:		SSN:	***_**	
TSJ_		Employer Identification Number			
Yes	No				
		Did you pay any one household employee cash wages of \$2,600 or more in 2023?			
		Did you withhold federal income tax during 2023 for any household employee?			
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees	?		
		Did you pay unemployment contributions to only one state?			
		Did you pay all state unemployment contributions for 2023 by April 15, 2024?			
Ш	Ш	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?		2023	
Total cash wages subject to Social Security tax					
		ges subject to Medicare tax			
		ges subject to Additional Medicare tax withholding			
		ne tax withheld • • • • • • • • • • • • • • • • • • •			
		leave wages			
		ily leave wages · · · · · · · · · · · · · · · · · · ·			
Qualifi	ed hea	Ith plan expenses · · · · · · · · · · · · · · · · · ·	<u> </u>		
TSJ_		Employer Identification Number			
Yes	No				
		Did you pay any one household employee cash wages of \$2,600 or more in 2023?			
		Did you withhold federal income tax during 2023 for any household employee?			
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees	?		
		Did you pay unemployment contributions to only one state?			
		Did you pay all state unemployment contributions for 2023 by April 15, 2024?			
Ш	Ш	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?		2023	
Total c	ach we	ges subject to Social Security tax			
		ges subject to Medicare tax			
		ges subject to Additional Medicare tax withholding			
		ne tax withheld • • • • • • • • • • • • • • • • • • •			
Qualified sick leave wages					
Qualified family leave wages					
Qualified health plan expenses					

Schedule A - Itemized Deductions

Name:	SSN: ***_**
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you, not through work)	Donations to charity Cash Noncash Amount Church
Amount above that is for Medicare premiums	Boy or Girl Scouts
Long-term care premiums (you)	Goodwill
Long-term care premiums (your spouse) · · · · · · ·	Red Cross
Long-term care premiums (dependents)	Salvation Army
Mileage driven for medical purposes	United Way
Out of pocket medical & dental expenses Doctor, dental, etc	Veterans
Prescription medicines	Hospital
Glasses & contacts	University
Hearing aids	Other
Medical equipment & supplies	Miles driven for charitable purposes
Hospital services	Other Miscellaneous Deductions
Laboratory services	Amortizable bond premiums
Nursing services	Federal estate tax
Other	Gambling losses
Other	Impairment-related work expenses
	Claim repayments
Taxes Paid	Unrecovered pension investments
State and local income taxes	Loss from other activities from Schedule K-1
General sales tax (vehicle, boat, home, etc.)	Ordinary loss debt instrument
Real estate taxes	Excess deduction on termination
Personal property taxes	Job Expenses & Certain Miscellaneous Deductions
deductible for state* · · · · · · · · · · · · · · · · · · ·	Necessary job expenses you paid that were not reimbursed by your employer
Other taxes (list)	Safety equipment, tools, & supplies
	Uniforms
	Protective clothing (shoes, hardhats, glasses, etc.)
Interest Paid	Dues to professional organizations
Home mortgage interest paid (attach Form 1098) Some of your home mortgage loan was not	Books & subscriptions
☐ used to buy, build, or improve your home.	Other
Home mortgage interest paid to an individualPaid to:	Union dues
Name	Tax preparation fees
Address	Other nonpersonal expenses related to taxable income
City, State, ZIP	Safe deposit box fees
SSN or EIN	Investment expenses not entered elsewhere
Points not reported on Form 1098	Other
Investment interest	Home equity interest

Other Information				
Name:				SSN: ***_***
Mortgage Interest Provide all copies of Form 1098				
TC I Landaria Nama		Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid
TSJ Lender's Name		Received	- Treillianis	laxes Falu
			-	
			-	<u> </u>
Employee Business Expenses				
TS				
Select if you are: A qualified performing artist A fee-based state or local government official A disabled employee with impairment-related work expenses An Armed Forces reservist		t if you: Used your person	al vehicle for your jol	o during 2023
You are a member of the clergy				
	NOT reimbout by your empty			y your employer box 1 of your W-2
Parking fees, tolls, local transportation				
Overnight business travel expenses (Do not include meals & entertainment)				
Other business expenses				
Casualties and Thefts				
TSJ FEMA code	TSJ			
Property description	Property des	scription		
Property location	Property loc	ation		
Date property was acquired	Date proper	ty was acquired		_
Date property was damaged or stolen	Date proper	ty was damaged	or stolen	
Cost of property damaged or stolen	Cost of prop	erty damaged or	stolen	
Fair market value before incident	Fair market	value before incid	dent	
Fair market value after incident	Fair market	value after incide	nt	
Insurance reimbursement	Insurance re	eimbursement _		

Other Information				
Name:		SSN:	***_**	
Health Savings Account				
тs				
The taxpayer's coverage is under a high-deductible health plan for: Taxpayer only HSA contributions made for 2023			2023	
Total distributions from all HSAs during 2023				
Distributions included above that were rolled over into a	nother account			
Qualified medical expenses paid using HSA distribution	s			
Education Expenses Provide all copies of Form	1098-T			
Student name		Student name		
Type of Expense	Amount	Type of Expense	Amount	
<u> </u>				
Student name		Student name		
Type of Expense	Amount	Type of Expense	Amount	
T				
				
Job-related Moving Expenses				
TSJ				
Select this box and complete the fields below if you and moved due to a military order for a permanent		ne Armed Forces on active duty,	2023	
Number of miles from old home to old workplace				
Number of miles from old home to new workplace .				
Expenses to transport and store household goods and	personal effects			
Travel and lodging expenses while traveling to your new	v home			