

PERSONAL INFORMATION

|   | TAXPAYER   | SPOUSE   |
|---|--|--|
| Last name.....  | _____  | _____  |
| First name .....  | _____  | _____  |
| Middle initial and suffix .....                               | MI ..... _____ Suffix .....                              | MI ..... _____ Suffix .....                              |
| Social security number .....                                  | _____  | _____  |
| Occupation.....   | _____  | _____  |
| Work phone/extension .....                                    | _____  | _____  |
| Cell phone .....  | _____  | _____  |
| E-mail address.....   | _____  | _____  |
| Driver's License/Id issuing state ....                        | _____  | _____  |
| License /Id number .....                                      | _____  | _____  |
| License/Id issue date .....                                   | _____  | _____  |
| License/Id expiration date.....                               | _____  | _____  |
| Birthdate .....   | MM/DD/YYYY .....   | MM/DD/YYYY .....   |
| Blind .....   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contribute to Presidential Election Campaign Fund.....        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Eligible to be claimed as a dependent on another return ..... | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Street address.....   | _____  | Apartment number .....                                   |
| City.....   | _____ State.....   | ZIP code.....  |
| Home phone .....  | _____ Foreign country .....                              | _____  |
| Fax .....   | _____ Foreign phone .....                                | _____  |

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year .....

Check this box if you are eligible to claim spouse's exemption .....

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying surviving spouse

Check the box for the year the spouse died ..... 2020  2021

DEPENDENT INFORMATION

| Full Name<br>(first name, middle initial, last name, suffix) | Social Security Number | **Code | Not qualified credit     | Date of Birth            | 2022 Child Care Expense |
|--|------------------------|--------|--------------------------|--------------------------|-------------------------|
|  |                        |        |                          |                          |                         |
|  |                        |        | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|  |                        |        | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|  |                        |        | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|  |                        |        | <input type="checkbox"/> | <input type="checkbox"/> |                         |

\*\* For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien

**General Questions**

**ORG3**

**PERSONAL INFORMATION**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1 Did your marital status change during 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , explain .....   |                          |                          |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS.<br><b>Caution:</b> Review any transferred information for accuracy. |                          |                          |
| Designee's Name ..... ▶ _____   |                          |                          |
| Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) ..... ▶ _____   |                          |                          |
| 3 Do you or your spouse plan to retire in 2023 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2022 or 2023 ): Taxpayer: _____ Spouse: _____   |                          |                          |
| 6 Were you or your spouse a member of the U.S. Armed Forces during 2022 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**DEPENDENT INFORMATION**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>yes</b> , do you want us to prepare the return(s)? .....   |                          |                          |
| 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,300? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>yes</b> , do you want to include your child's income on your return? .....   |                          |                          |
| 9 Are any of your dependents <b>not</b> U.S. citizens or residents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2022 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**IRA, PENSION AND EDUCATION SAVINGS PLANS**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 12 Did you take a retirement account distribution related to the corona virus or a natural disaster? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive payments from a pension or profit-sharing plan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 a Did you convert all or part of a regular IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? .....   |                          |                          |
| 16 Did you contribute to a Coverdell Education Savings Account? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**ITEMS RELATED TO INCOME/LOSSES**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 17 Did you receive any disability payments in 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you receive tip income <b>not</b> reported to your employer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2022 ?<br>(Attach copies of any escrow statements or Forms 1099.) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....   |                          |                          |
| c Are you planning to purchase a home soon? .....   |                          |                          |
| 20 Did you incur any casualty or theft losses during 2022 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you incur any non-business bad debts? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**PRIOR YEAR TAX RETURNS**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 22 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enclose agent's report or notice of change.  |                          |                          |
| 23 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 24 Did you have foreign income or pay any foreign taxes in 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 a At any time during 2022, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2022 ? Report all interest income on Org 11 .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Did you at any time during 2022, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 28 Did you receive Form 1095-A (Health Coverage)? If so, please attach.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 a Did you or your spouse have self-employed health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022 ? If yes, please attach details ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you start paying mortgage insurance premiums in 2022 ? If yes, please attach details .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you purchase a motor vehicle or boat during 2022 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach documentation showing sales tax paid.  |                          |                          |
| 35 Did you purchase an energy efficient vehicle in 2022 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, enter year, make, model, and date purchased: _____  |                          |                          |
| 36 Did you donate a vehicle in 2022 ? If yes, attach Form 1098C .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 What was the sales tax rate in your locality in 2022 ? _____ % State ID .....  |                          |                          |
| 38 Did you or your spouse make gifts of over \$16,000 to an individual or contribute to a prepaid tuition plan? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 Did you make gifts to a trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details.  |                          |                          |
| 41 Did you or your spouse participate in a medical savings account in 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)  |                          |                          |
| 42 Did you make a loan at an interest rate below market rate? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay any individual for domestic services in 2022 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you, your spouse, or your dependents attend post-secondary school in 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did a lender cancel any of your debt in 2022 ? (Attach any Forms 1099-A or 1099-C) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 Did you receive any income not included in this Tax Organizer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach information.  |                          |                          |
| 48 At any time during 2022, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 a Did you obtain a Paycheck Protection Program (PPP) loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, has any portion of that loan been forgiven? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 a Do you want to change the language with which the IRS communicates with you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, which language? .....   |                          |                          |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

|  | Yes                               | No                               |
|--|-----------------------------------|----------------------------------|
| 51 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/>          | <input type="checkbox"/>         |
| 52 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/>          | <input type="checkbox"/>         |
| <b>Caution:</b> Review transferred information for accuracy.   |                                   |                                  |
| 53 If yes, please provide the following information:   |                                   |                                  |
| a Name of your financial institution .....   |                                   |                                  |
| b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....  |                                   |                                  |
| c Account number .....   |                                   |                                  |
| d What type of account is this? .....  | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

**Business/Investment Questions**

**ORG4**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1 Did you receive stock from a stock bonus plan with your employer? .....<br>(Do not include stock sales included on your W-2.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you buy or sell any stocks or bonds in 2022 ? .....<br>If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you surrender any U.S. savings bonds during 2022 ?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you sell property or equipment on installment in 2022 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you have any business related educational expenses? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you do a 'like-kind' exchange of property in 2022 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Deductions for travel and meals may be allowed under certain circumstances.<br>Adequate records must be presented. Information must include:<br>1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient<br>Do you have records to support expenses? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you purchase special fuels for non-highway use?.....<br>If <b>yes</b> , please list the type of use and the number of gallons for each fuel.   | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

Attach all copies of your W-2 forms here.

1

Employer's name .....  Check if not applicable for 2022

Employer's name .....  Check if for spouse

1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace

2 Enter any amounts forfeited from a flexible spending account .....

3 Check if the income reported is from a foreign source .....

4 a Clergy: Enter your designated housing or parsonage allowance .....

b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....

c Check SE tax on: (a) housing or parsonage allowance.....  (b) W-2 wages.....  (c) both.....

2

Employer's name .....  Check if not applicable for 2022

Employer's name .....  Check if for spouse

1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace

2 Enter any amounts forfeited from a flexible spending account .....

3 Check if the income reported is from a foreign source .....

4 a Clergy: Enter your designated housing or parsonage allowance .....

b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....

c Check SE tax on: (a) housing or parsonage allowance.....  (b) W-2 wages.....  (c) both.....

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

Attach all copies of your 1099-R forms here.

1

Payer's name.....  Check if not applicable for 2022

Payer's name.....  Check if for spouse

1 Check if either box applies: Rollover .....  Conversion to Roth IRA.....

2 a If a **partial** rollover, enter the amount rolled over .....

b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA .....

3 Health insurance premiums deductible on Schedule A.....

4 a If entire distribution is a Required Minimum Distribution (RMD), check this box .....

b If **only part** of distribution is RMD, enter the part that is RMD .....

2

Payer's name.....  Check if not applicable for 2022

Payer's name.....  Check if for spouse

1 Check if either box applies: Rollover .....  Conversion to Roth IRA.....

2 a If a **partial** rollover, enter the amount rolled over .....

b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA .....

3 Health insurance premiums deductible on Schedule A.....

4 a If entire distribution is a Required Minimum Distribution (RMD), check this box .....

b If **only part** of distribution is RMD, enter the part that is RMD .....

**W-2G – GAMBLING OR LOTTERY WINNINGS**

Attach all copies of your W-2G forms here.

| Name of Payer | Check if Spouse          | Reportable Winnings (Box 1) | Federal Tax Withheld (Box 4) | State Tax Withheld (Box 15) | State Code (Box 13) |
|---------------|--------------------------|-----------------------------|------------------------------|-----------------------------|---------------------|
|               | <input type="checkbox"/> |                             |                              |                             |                     |
|               | <input type="checkbox"/> |                             |                              |                             |                     |
|               | <input type="checkbox"/> |                             |                              |                             |                     |

Social Security Benefits/Form 1099-G/Other Income

ORG10

**SOCIAL SECURITY BENEFITS**

|                                     |   |                 |               |
|-------------------------------------|---|-----------------|---------------|
| <input checked="" type="checkbox"/> | <b>Attach all copies of SSA and RRB forms.</b>        | <b>Taxpayer</b> | <b>Spouse</b> |
| 1                                   | Social Security Benefits from Form SSA-1099.....      |                 |               |
| 2                                   | Federal income tax withheld from Form SSA-1099 .....  |                 |               |
| 3                                   | Medicare B premiums withheld from Form SSA-1099 ..... |                 |               |
| 4                                   | Medicare C premiums withheld from Form SSA-1099 ..... |                 |               |
| 5                                   | Medicare D premiums withheld from Form SSA-1099 ..... |                 |               |
| 6                                   | Railroad Retirement Benefits from Form RRB-1099 ..... |                 |               |
| 7                                   | Federal income tax withheld from Form RRB-1099 .....  |                 |               |
| 8                                   | Medicare premiums withheld from Form RRB-1099.....    |                 |               |

**FORM 1099-G**

| <input checked="" type="checkbox"/> | <b>Attach all copies of 1099-G forms.</b>   |                          |                          |                          |
|-------------------------------------|---|--------------------------|--------------------------|--------------------------|
| Box                                 | Description   | Payer 1                  | Payer 2                  | Payer 3                  |
|                                     | Check if Spouse .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Check if Joint.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Payer's name.....   |                          |                          |                          |
| 1                                   | Unemployment compensation.....  |                          |                          |                          |
| a                                   | Unemployment benefits you repaid in 2022 .....  |                          |                          |                          |
| 2                                   | State and local income tax refunds .....  |                          |                          |                          |
| 3                                   | Enter the tax year from 1099-G box 3 .....  |                          |                          |                          |
| a                                   | If tax year is 2021 or prior, enter the taxable portion of the amount reported in box 2 ..... |                          |                          |                          |
| 4                                   | Federal income tax withheld.....  |                          |                          |                          |
| 5                                   | RTAA payments.....  |                          |                          |                          |
| 6                                   | Taxable grants .....  |                          |                          |                          |
| 7                                   | Agriculture payments .....  |                          |                          |                          |
| 8                                   | Check if box 2 amount is from trade or business .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9                                   | Market gain .....   |                          |                          |                          |
| 10a                                 | Two-letter state abbreviation .....   | _____                    | _____                    | _____                    |
|                                     | Two or three-letter local abbreviation .....  | _____                    | _____                    | _____                    |
| b                                   | State identification number .....   |                          |                          |                          |
| 11                                  | State income tax withheld.....  |                          |                          |                          |

**OTHER INCOME**

|   | Nature and Source   | 2022 Taxpayer | 2022 Spouse | 2021 Combined |
|---|---|---------------|-------------|---------------|
| 1 | Alimony received .....                                    |               |             |               |
| 2 | Recovery of bad debts previously deducted .....           |               |             |               |
| 3 | Jury duty pay .....                                       |               |             |               |
| 4 | Gambling winnings not reported on W2G/1099.....           |               |             |               |
| 5 | Income from not for profit activities (hobbies).....      |               |             |               |
| 6 | Income from the rental of personal property.....          |               |             |               |
| 7 | Non-Government unemployment received/repaid in 2022 ..... |               |             |               |
| 8 | Other Taxable income:                                     |               |             |               |
| a | Union unemployment benefits.....                          |               |             |               |
| b | Private fund unemployment benefits.....                   |               |             |               |
| c | State employee unemployment benefits .....                |               |             |               |
| 9 | Other miscellaneous income items:<br>Description:         |               |             |               |
|   |   |               |             |               |
|   |   |               |             |               |
|   |   |               |             |               |

# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

**\*\*Type of Interest**

blank = Regular taxable interest  
 ME1 = ME bond interest in federal income  
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest  
 NH1 = NH nontaxable interest — taxable federal  
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest  
 TN1 = TN nontaxable interest — taxable federal  
 WV1 = WV bond interest in federal income

| TSJ | X* | Payer Name | 2022<br>Box 1<br>Interest | Type of<br>Interest** | 2022<br>Box 3<br>US/Treasury<br>Interest | 2022<br>Box 8<br>Tax Exempt | State | 2021<br>Box 1 + 3 |
|-----|----|------------|---------------------------|-----------------------|--|-----------------------------|-------|-------------------|
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |
|     |    |            |                           |                       |  |                             |       |                   |

X\* Check if you did not receive income from this account in 2022 .

## DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

| TSJ | X* | Payer Name | 2022<br>Box 1a<br>Ordinary<br>Dividends | 2022<br>Box 1b<br>Qualified<br>Dividends | 2022<br>Box 2a<br>Capital<br>Gains | State | 2021<br>Box 1a + 2a |
|-----|----|------------|---|--|------------------------------------|-------|---------------------|
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |
|     |    |            |   |  |                                    |       |                     |

X\* Check if you did not receive income from this account in 2022 .

## Medical and Tax Expenses

ORG13

| MEDICAL AND DENTAL EXPENSES   | 2022 | 2021 |
|---|------|------|
| 1 Prescription medications.....   |      |      |
| 2 Health insurance premiums (enter Medicare B on ORG10).....<br>Exclude premiums paid through an exchange (Form 1095-A) |      |      |
| 3 Qualified long-term care premiums   |      |      |
| a Taxpayer's gross long-term care premiums .....  |      |      |
| b Spouse's gross long-term care premiums .....  |      |      |
| c Dependent's gross long-term care premiums .....   |      |      |
| 4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A<br>for the appropriate activity..... |      |      |
| 5 Insurance reimbursement.....  |      |      |
| 6 Doctors, dentists, etc .....  |      |      |
| 7 Hospitals, clinics, etc .....   |      |      |
| 8 Lab and X-ray fees.....   |      |      |
| 9 Expenses for qualified long-term care.....  |      |      |
| 10 Eyeglasses and contact lenses .....  |      |      |
| 11 Medical equipment and supplies .....   |      |      |
| 12a Miles driven for medical purposes 01/01/2022 thru 06/30/2022.....   |      |      |
| b Miles driven for medical purposes 07/01/2022 thru 12/31/2022.....   |      |      |
| 13 Ambulance fees and other medical transportation costs .....  |      |      |
| 14 Lodging.....   |      |      |
| 15 Other medical and dental expenses:   |      |      |
| a _____   |      |      |
| b _____   |      |      |
| c _____   |      |      |
| d _____   |      |      |
| e _____   |      |      |
| f _____   |      |      |
| g _____   |      |      |
| h _____   |      |      |
| i _____   |      |      |
| j _____   |      |      |
| TAXES   | 2022 | 2021 |
| Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>  |      |      |
| 16 Real estate taxes paid on principal residence .....  |      |      |
| 17 Real estate taxes paid on additional homes or land .....   |      |      |
| 18 Auto registration fees based on the value of the vehicle .....   |      |      |
| 19 Other personal property taxes .....  |      |      |
| 20 Other taxes:<br>_____<br>_____   |      |      |



**Interest Paid and Cash Contributions**

ORG14

| HOME MORTGAGE INTEREST PAID |                           |      |      |
|-----------------------------|---------------------------|------|------|
| Lender's Name               | Check if NOT on Form 1098 | 2022 | 2021 |
|                             | <input type="checkbox"/>  |      |      |
|                             | <input type="checkbox"/>  |      |      |
|                             | <input type="checkbox"/>  |      |      |
|                             | <input type="checkbox"/>  |      |      |

| POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME |                           |      |
|---|---------------------------|------|
| Lender's Name   | Check if NOT on Form 1098 | 2022 |
|   | <input type="checkbox"/>  |      |
|   | <input type="checkbox"/>  |      |
|   | <input type="checkbox"/>  |      |
|   | <input type="checkbox"/>  |      |

| SELLER FINANCED MORTGAGE |                    |         |
|--------------------------|--------------------|---------|
| Individual's Name        | Identifying Number | Address |
|                          |                    | .....   |
|                          |                    | .....   |

| OTHER PERSON RECEIVING FORM 1098 |         |
|----------------------------------|---------|
| Form 1098 Recipient's Name       | Address |
|                                  | .....   |
|                                  | .....   |

| OTHER POINTS  |                          |             |              |                     |                      |
|---|--------------------------|-------------|--------------|---------------------|----------------------|
| Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage. |                          |             |              |                     |                      |
| Lender's Name   | Loan Over                | Points Paid | Date of Loan | Loan Length (years) | 2021 Points Deducted |
|   | <input type="checkbox"/> |             |              |                     |                      |
|   | <input type="checkbox"/> |             |              |                     |                      |
|   | <input type="checkbox"/> |             |              |                     |                      |
|   | <input type="checkbox"/> |             |              |                     |                      |

| QUALIFIED MORTGAGE INSURANCE PREMIUMS   |      |      |
|---|------|------|
|   | 2022 | 2021 |
| Premiums paid in 2022 for qualified mortgage insurance <b>not</b> from Form 1098 import ..... |      |      |

**Interest Paid and Cash Contributions (continued)**

ORG14

| <b>INVESTMENT INTEREST</b>   |             |             |
|--|-------------|-------------|
|  | <b>2022</b> | <b>2021</b> |
| Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)..... |             |             |

| <b>LIMITED HOME MORTGAGE DEDUCTION</b>  |        |        |        |        |        |
|---|--------|--------|--------|--------|--------|
| If the mortgage meets the following reasons during 2022 complete the following:<br>- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or<br>- You had home debt that was not used to buy, build or substantially improve the home that secures the loan |        |        |        |        |        |
|   | Loan 1 | Loan 2 | Loan 3 | Loan 4 | Loan 5 |
| <b>1a</b> Interest paid in 2022 .....   |        |        |        |        |        |
| Points paid in 2022 .....   |        |        |        |        |        |
| Months loan outstanding ....  |        |        |        |        |        |
| Principal pd on loan in 2022 .....  |        |        |        |        |        |
| <b>b</b> Was all proceeds of this loan used to buy, build, or substantially improve the home?   |        |        |        |        |        |
| Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>                      |        |        |        |        |        |
| <b>2</b> Home Debt Origination on or after December 15, 2017  |        |        |        |        |        |
| Beginning of year balance ..  |        |        |        |        |        |
| Additional borrowed in <b>2022</b>  |        |        |        |        |        |
| Enter the amount of debt not used to buy, build, or substantially improve the home:   |        |        |        |        |        |
|   |        |        |        |        |        |
| <b>3</b> Home Debt Origination after October 13, 1987 and Before December 15, 2017  |        |        |        |        |        |
| Beginning of year balance ..  |        |        |        |        |        |
| Enter the amount of debt not used to buy, build, or substantially improve the home:   |        |        |        |        |        |
|   |        |        |        |        |        |
| <b>4</b> Grandfathered debt: (before 10/14/1987)  |        |        |        |        |        |
| Beginning of year balance ..  |        |        |        |        |        |
| Enter the amount of debt not used to buy, build, or substantially improve the home:   |        |        |        |        |        |
|   |        |        |        |        |        |

| <b>CASH CONTRIBUTIONS</b>                           |  |             |             |
|---|--|-------------|-------------|
| <b>Name of Donee Organization</b>                   | <b>Check if Statement Exists for Gifts \$250 or More</b> | <b>2022</b> | <b>2021</b> |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
|   | <input type="checkbox"/>                                 |             |             |
| Charitable miles driven.....                        |  |             |             |
| Miles driven to deliver noncash contributions ..... |  |             |             |
| Parking fees, tolls, and local transportation ..... |  |             |             |

# Noncash Contributions

ORG14A

| Name of Donee Organization | Check if Statement Exists for Gifts of \$250 or More | Fair Market Value | Prior Year Fair Market Value |
|----------------------------|--|-------------------|------------------------------|
| A _____                    |  |                   |                              |
| B _____                    |  |                   |                              |
| C _____                    |  |                   |                              |
| D _____                    |  |                   |                              |
| E _____                    |  |                   |                              |
| F _____                    |  |                   |                              |
| G _____                    |  |                   |                              |
| H _____                    |  |                   |                              |
| I _____                    |  |                   |                              |

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

| Description of Donated Property | Type** | Address of Donee Organization |
|---------------------------------|--------|-------------------------------|
| A _____                         |        |                               |
| B _____                         |        |                               |
| C _____                         |        |                               |
| D _____                         |        |                               |
| E _____                         |        |                               |
| F _____                         |        |                               |
| G _____                         |        |                               |
| H _____                         |        |                               |
| I _____                         |        |                               |

| Method for Fair Market Value* | Date of Contribution | Complete these columns <b>only</b> for each contribution over \$500 |                 |           |
|-------------------------------|----------------------|---|-----------------|-----------|
|                               |                      | Date Acquired (month, year)   | How Acquired*** | Your Cost |
| A _____                       |                      |   |                 |           |
| B _____                       |                      |   |                 |           |
| C _____                       |                      |   |                 |           |
| D _____                       |                      |   |                 |           |
| E _____                       |                      |   |                 |           |
| F _____                       |                      |   |                 |           |
| G _____                       |                      |   |                 |           |
| H _____                       |                      |   |                 |           |
| I _____                       |                      |   |                 |           |

**\*Methods of determining FMV:**

- |               |                          |                   |             |
|---------------|--------------------------|-------------------|-------------|
| Appraisal     | Capitalization of income | Present value     | Thrift shop |
| Average share | Comparative sales        | Replacement cost  |             |
| Catalog       | Consignment shop         | Reproduction cost |             |

**\*\*Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

## Business Income and Expenses

ORG19

### GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A?  Yes  No

1 Check ownership  Taxpayer  Spouse  Joint

2 Business name \_\_\_\_\_

3 a Business street address \_\_\_\_\_

b 1 City, State and Zip Code, or \_\_\_\_\_

2 Foreign country \_\_\_\_\_

4 Principal business/profession \_\_\_\_\_

5 Employer ID number \_\_\_\_\_

6 Business code (Preparer Use Only) \_\_\_\_\_

7 Was this business fully disposed of in a fully taxable transaction during 2022?  Yes  No

8 Accounting method:  
 Cash       Accrual       Other (specify)  \_\_\_\_\_

9 Method used to value closing inventory:  
 Cost       Lower of       Other (explain)  \_\_\_\_\_  
cost or market

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you materially participate in the operation of this business during 2022? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you start or acquire this business during 2022? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 a Did you make any payments in 2022 that require you to file Forms 1099? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, did you or will you file all the required Forms 1099? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 At-risk determination:   |                          |                          |
| a Is all of the investment in this activity at risk? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Is some of the investment in this activity not at risk? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you have unallowed passive losses in 2021? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 a Treat all MACRS assets for this activity as qualified Indian reservation property? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input type="checkbox"/>   |                          |                          |
| c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| d Was this business located in a Qualified Disaster Area? _____   | <input type="checkbox"/> | <input type="checkbox"/> |

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

| INCOME  | 2022 | 2021 |
|---|------|------|
| 17 Gross receipts or sales _____                                    |      |      |
| 18 Returns and allowances plus other adjustments _____              |      |      |
| 19 Other income (include federal/state gas tax credit/refund) _____ |      |      |

| COST OF GOODS SOLD – IF APPLICABLE                  | 2022 | 2021 |
|---|------|------|
| 20 Inventory at beginning of year _____             |      |      |
| 21 Purchases _____                                  |      |      |
| 22 Items withdrawn for personal use _____           |      |      |
| 23 Cost of labor (do not include your salary) _____ |      |      |
| 24 Materials and supplies _____                     |      |      |
| 25 Other costs _____                                |      |      |
| 26 Inventory at end of year _____                   |      |      |

**Business Income and Expenses (continued)**

**ORG19**

| <b>EXPENSES</b>   | <b>2022</b> | <b>2021</b> |
|---|-------------|-------------|
| Business name _____   |             |             |
| 27 Advertising .....  |             |             |
| 28 Car and truck expenses (complete ORG18).....   |             |             |
| 29 Commissions and fees .....   |             |             |
| 30 Contract labor .....   |             |             |
| 31 Depletion .....  |             |             |
| 32 Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....                    |             |             |
| 33 Employee benefit programs:   |             |             |
| a Employee health insurance premiums .....  |             |             |
| b Other employee benefit programs .....   |             |             |
| 34 Insurance (other than health).....   |             |             |
| 35 Self-employed health insurance attributable to this business.....                          |             |             |
| 36 Interest:  |             |             |
| a Mortgage paid to banks not reported to you on Form 1098.....                                |             |             |
| b Other .....   |             |             |
| 37 Legal and professional services .....  |             |             |
| 38 Office expenses .....  |             |             |
| 39 Pension and profit-sharing plans .....   |             |             |
| 40 Rent or lease:   |             |             |
| a Machinery and equipment (enter vehicle lease on ORG18) .....                                |             |             |
| b Other business property.....  |             |             |
| 41 Repairs and maintenance .....  |             |             |
| 42 Supplies (not included in cost of goods sold) .....  |             |             |
| 43 Taxes and licenses not reported to you on Form 1098 .....                                  |             |             |
| 44 Travel and meals   |             |             |
| a Travel.....   |             |             |
| b Meals subject to 50% limit.....   |             |             |
| c Meals subject to 80% limit.....   |             |             |
| d Meals not subject to limit .....  |             |             |
| 45 Utilities .....  |             |             |
| 46 Gross wages .....  |             |             |
| 47 Other expenses:  |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| 48 Expenses for business use of your home <b>(Preparer Use Only)</b> .....                    |             |             |
| Complete ORG20 for Business Use of Home.  |             |             |
| 49 Qualified pension plan start-up costs .....  |             |             |
| 50 DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....  |             |             |
| 51 DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 ..... |             |             |

**ORG19**

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

ORG18

| GENERAL INFORMATION-   | Vehicle 1  | Vehicle 2  | Vehicle 3  |
|--|--|--|--|
| 1 Description of vehicle.....  |  |  |  |
| 2 a Date placed in service.....  |  |  |  |
| b Date acquired, if different from line 2a.....                                  |  |  |  |
| 3 Enter detail on lines 3a and 3b, or total on line 3c:                          |  |  |  |
| a Ending mileage reading.....  |  |  |  |
| b Beginning mileage reading.....   |  |  |  |
| c Total miles for the year (line 3a less line 3b).....                           |  |  |  |
| 4 a Business miles 01/01/2022 thru 06/30/2022.....                               |  |  |  |
| b Business miles 07/01/2022 thru 12/31/2022.....                                 |  |  |  |
| 5 Total commuting miles.....   |  |  |  |
| STANDARD MILEAGE RATE  | Vehicle 1  | Vehicle 2  | Vehicle 3  |
| 6 Do you qualify for standard mileage? (Preparer Use).....                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 7 Is this a leased vehicle?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| ACTUAL EXPENSES  | Vehicle 1  | Vehicle 2  | Vehicle 3  |
| 8 Gasoline, oil, repairs, insurance, etc.....                                    |  |  |  |
| 9 Vehicle registration fee (excluding property tax).....                         |  |  |  |
| 10 Vehicle lease or rental fee.....  |  |  |  |
| 11 Inclusion amount (Preparer Use Only).....                                     |  |  |  |
| 12 Depreciation (Preparer Use Only).....   |  |  |  |
| 13 Parking fees, tolls, and local transportation.....                            |  |  |  |
| 14 Portion of vehicle registration fee based on value.....                       |  |  |  |
| 15 Interest on vehicle.....  |  |  |  |
| DEPRECIATION/DISPOSITIONS  | Vehicle 1  | Vehicle 2  | Vehicle 3  |
| 16 Cost or basis.....  |  |  |  |
| 17 Is this an electric vehicle?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 18 Is this qualified Indian reservation property?.....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 19 Type of vehicle (Preparer Use).....   |  |  |  |
| 20 Section 179 expense (Preparer Use).....                                       |  |  |  |
| 21 Qualified Property for Economic Stimulus? (Preparer Use).....                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 22 Qualified Property for Qualified Disaster Area? (Preparer Use).....           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 23 Kansas Disaster Zone? (Preparer Use).....                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 24 Qualified GO Zone Property (Preparer Use).....                                | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A     | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A     | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A     |
| 25 Percentage for SDA? (Preparer Use).....                                       | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No |
| 26 Elect OUT of SDA? (Preparer Use).....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 27 Elect 30% in place of 50% SDA (Preparer Use).....                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 28 Date sold.....  |  |  |  |
| 29 Sales price.....  |  |  |  |
| 30 Expense of sale.....  |  |  |  |
| 31 Gain/loss basis, if different (Preparer Use).....                             |  |  |  |
| 32 AMT gain/loss basis, if different (Preparer Use).....                         |  |  |  |
| VEHICLE QUESTIONS  | Vehicle 1  | Vehicle 2  | Vehicle 3  |
| 33 Is another vehicle available for personal use?.....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 34 Was vehicle available during off duty hours?.....                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 35 Was vehicle used primarily by a greater than 5% owner or related person?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 36 Do you have evidence to support the business use claimed?.....                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 37 If <b>yes</b> , is the evidence written?.....                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |

# Business Use of Home

ORG20

for:

copy:

Simplified method election for Home Office expenses: Elect the simplified method in **2020** instead of entering actual expenses

Elected the simplified method in **2019** instead of entering actual expenses

|  |  |
|--|--|
|  |  |
|--|--|

| GENERAL INFORMATION   | 2022 | 2021 |
|---|------|------|
| 1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) ..... |      |      |
| 2 Area used only partly for day care (square footage) .....   |      |      |
| 3 Total area of home (square footage) .....   |      |      |
| 4 Daycare hours   |      |      |
| a Number of weeks used for day care, if less than full year .....   |      |      |
| b Number of days used for day care each week .....  |      |      |
| c Number of days closed for holidays, vacations, etc .....  |      |      |
| d Number of hours used for day care each day .....  |      |      |
| e Total hours used for day care .....   |      |      |
| f Total hours available for use .....   |      |      |
| 5 Enter the date you began using this home office for this business .....   |      |      |
| 6 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....               |      |      |
| 7 Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) .....   |      |      |
| 8 Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....  |      |      |

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

| EXPENSES  | 2022   |          | 2021   |          |
|---|--------|----------|--------|----------|
|   | Direct | Indirect | Direct | Indirect |
| 9 Casualty losses (Preparer Use Only) .....                   |        |          |        |          |
| 10 Total mortgage interest/points .....                       |        |          |        |          |
| 11 Mortgage interest/points on Form 1098 .....                |        |          |        |          |
| 12 Interest <b>not</b> on Form 1098 .....                     |        |          |        |          |
| 13 Points <b>not</b> of Form 1098 .....                       |        |          |        |          |
| 14 Real estate taxes .....                                    |        |          |        |          |
| 15 Excess mortgage interest (Preparer Use) .....              |        |          |        |          |
| 16 Excess real estate taxes (Preparer Use) .....              |        |          |        |          |
| 17 Qualified mortgage insurance .....                         |        |          |        |          |
| 18 Other insurance .....                                      |        |          |        |          |
| 19 Rent .....   |        |          |        |          |
| 20 Repairs and maintenance .....                              |        |          |        |          |
| 21 Utilities .....  |        |          |        |          |
| 22 Other expenses (e.g., rent) .....                          |        |          |        |          |
| 23 Carryover of operating expenses .....                      |        |          |        |          |
| 24 Excess casualty losses (Preparer Use Only) .....           |        |          |        |          |
| 25 Depreciation of your home (Preparer Use Only) .....        |        |          |        |          |
| 26 Carryover of excess casualty losses and depreciation ..... |        |          |        |          |

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

| 26 | Description   | Date Acquired (MM/DD/YY) | Date Placed in Service (MM/DD/YY) | Cost (include land for residence only) |
|----|---|--------------------------|-----------------------------------|--|
|    | Residence .....   |                          |                                   |  |
|    | Addition/Improvement .....                                |                          |                                   |  |
|    | Addition/Improvement .....                                |                          |                                   |  |
|    | Addition/Improvement .....                                |                          |                                   |  |
|    | Addition/Improvement .....                                |                          |                                   |  |
| 27 | Enter the land value included in cost for residence ..... |                          |                                   |  |

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

- 1** Check property owner .....  **Taxpayer**     **Spouse**     **Joint** Yes No
- 2 a** Did you make any payments that would require you to file Form(s) 1099? .....  Yes  No
- b** If **yes**, did you or will you file all required Forms(s) 1099? .....  Yes  No
- 3 a** Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_
- b** If not 100%, are you reporting 100% of the income and expenses? .....  Yes  No
- 4** Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) .....  Yes  No
- 5** Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....  Yes  No
- 6** For all rental properties, **enter the number of days** during 2022 that:
- a** The property was rented at fair rental value ..... \_\_\_\_\_
- b** The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_
- c** You owned the property, if not the entire year ..... \_\_\_\_\_
- 7 a** Does this rental have multiple living units and you live in one of the units? .....  Yes  No
- b** If **yes**, enter percentage of rental use ..... \_\_\_\_\_
- 8** Did you actively participate in this property's management during 2022 ? .....  Yes  No
- 9** Did you materially participate in this property's management during 2022 ? .....  Yes  No
- 10** Do you want to treat this property as non-passive? .....  Yes  No
- 11** Did this property have unallowed passive losses in 2021 ? .....  Yes  No
- 12** Did you dispose of this property in a fully taxable transaction? .....  Yes  No
- 13** Check this box if some of this investment was **not** at-risk .....  Yes  No
- 14 a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No
- b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... **Regular**  **Extension**  **No**
- c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No
- d** Was this activity located in a Qualified Disaster Area? .....  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

| INCOME                                      | 2022 | 2021 |
|---|------|------|
| <b>15</b> Rents or royalties received ..... |      |      |

- \* Property Types:**
- |  |  |
|--|--|
| <p><b>1</b> Single family residence</p> <p><b>2</b> Multi-family residence</p> <p><b>3</b> Vacation/short-term rental</p> <p><b>4</b> Commercial</p> | <p><b>5</b> Land</p> <p><b>6</b> Royalties</p> <p><b>7</b> Self-rental</p> <p><b>8</b> Other</p> |
|--|--|



**Rent and Royalty Income and Expenses (continued)**

ORG25

| EXPENSES  | 2022 | 2021 |
|---|------|------|
| Property location .....   |      |      |
| <b>16</b> Advertising .....   |      |      |
| <b>17a</b> Automobile (complete ORG18 for autos).....                               |      |      |
| <b>b</b> Travel.....  |      |      |
| <b>18</b> Cleaning and maintenance .....  |      |      |
| <b>19</b> Commissions.....  |      |      |
| <b>20a</b> Mortgage insurance premiums – qualified .....                            |      |      |
| <b>b</b> Other insurance .....  |      |      |
| <b>21</b> Legal and professional fees .....   |      |      |
| <b>22</b> Management fees .....   |      |      |
| <b>23a</b> Mortgage interest paid to banks – qualified.....                         |      |      |
| <b>b</b> Mortgage interest paid to banks – other.....                               |      |      |
| <b>24</b> Other interest .....  |      |      |
| <b>25</b> Repairs.....  |      |      |
| <b>26</b> Supplies.....   |      |      |
| <b>27a</b> Real estate taxes.....   |      |      |
| <b>b</b> Other taxes.....   |      |      |
| <b>28</b> Utilities .....   |      |      |
| <b>29</b> Other expenses:   |      |      |
| <b>a</b> .....  |      |      |
| <b>b</b> .....  |      |      |
| <b>c</b> .....  |      |      |
| <b>d</b> .....  |      |      |
| <b>e</b> .....  |      |      |
| <b>30a</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> )..... |      |      |
| <b>b</b> Depletion ( <b>Preparer Use Only</b> ).....                                |      |      |

# Farm Rental Income and Expenses

ORG26

**GENERAL INFORMATION**

Name of this activity ..... \_\_\_\_\_

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

1 Check ownership .....  Taxpayer  Spouse  Joint

2 Employer identification number..... \_\_\_\_\_

3 Was this farm fully disposed of in a fully taxable transaction during 2022? .....  Yes  No

4 Did you actively participate in the operation of this business during 2022? .....  Yes  No

5 Real estate professionals:  
Did you materially participate in the operation of this business during 2022? .....  Yes  No

6 At-risk determination:

a Is all of the investment in this activity at risk? .....  Yes  No

b Is some of the investment in this activity not at risk? .....  Yes  No

c Did you receive a subsidy in 2022? .....  Yes  No

7 Did you have unallowed passive losses in 2021? .....  Yes  No

8 a Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular  Extension  No  Yes

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

d Was this farm rental located in a Qualified Disaster Area? .....  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

| FARM RENTAL INCOME — BASED ON PRODUCTION   | 2022 | 2021 |
|--|------|------|
| 9 Income from production of livestock, produce, grains and crops .....           |      |      |
| 10 Total distributions received from cooperatives .....                          |      |      |
| 11 Taxable amount of distributions from cooperatives .....                       |      |      |
| 12 Total agricultural program payments .....                                     |      |      |
| 13 Taxable amount of agricultural program payments .....                         |      |      |
| 14 Commodity Credit Corporation (CCC) loans under election .....                 |      |      |
| 15 CCC loans forfeited/repaid with certificates .....                            |      |      |
| 16 Taxable amount of CCC loans forfeited/repaid.....                             |      |      |
| 17 Crop insurance proceeds/federal crop disaster payments received in 2022 ..... |      |      |
| 18 Taxable crop insurance proceeds/federal crop disaster payments .....          |      |      |
| 19 Crop insurance proceeds/federal crop disaster deferred from 2021 .....        |      |      |
| 20 Other income — include federal/state gas tax credit/refund .....              |      |      |

**Farm Rental Income and Expenses (continued)**

**ORG26**

| EXPENSES – FARM RENTAL PROPERTY   | 2022 | 2021 |
|---|------|------|
| Name of this activity .....   |      |      |
| 21 Car and truck expense (complete ORG18) .....   |      |      |
| 22 Chemicals .....  |      |      |
| 23 Conservation expenses .....  |      |      |
| 24 Custom hire (machine work) .....   |      |      |
| 25 Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....                    |      |      |
| 26 Employee benefit programs other than pension and profit-sharing plans .....                |      |      |
| 27 Feed .....   |      |      |
| 28 Fertilizers and lime .....   |      |      |
| 29 Freight and trucking .....   |      |      |
| 30 Gasoline, fuel, and oil .....  |      |      |
| 31 Insurance (other than health) .....  |      |      |
| 32 Interest:  |      |      |
| a Mortgage (paid to banks, etc) .....   |      |      |
| b Other .....   |      |      |
| 33 Labor hired .....  |      |      |
| 34 Pension and profit-sharing plans .....   |      |      |
| 35 Rent or lease:   |      |      |
| a Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....                      |      |      |
| b Other (land, animals, etc) .....  |      |      |
| 36 Repairs and maintenance .....  |      |      |
| 37 Seeds and plants .....   |      |      |
| 38 Storage and warehousing .....  |      |      |
| 39 Supplies .....   |      |      |
| 40 Taxes .....  |      |      |
| 41 Utilities .....  |      |      |
| 42 Veterinary fees and medicine .....   |      |      |
| 43 Other expenses (specify):  |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| 44 Qualified pension plan start-up costs .....  |      |      |
| 45 DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018 ..... |      |      |
| 46 DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 ..... |      |      |

# Farm Income and Expenses

ORG27

## GENERAL INFORMATION

Name of this farm .....

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

1 Check ownership .....  Taxpayer  Spouse  Joint

2 Principal product .....

3 Employer identification number.....

4 Agricultural activity code (**Preparer Use Only**) .....

5 Accounting method .....  Cash  Accrual Yes No

6 Was this farm fully disposed of in a fully taxable transaction during 2022? .....  Yes  No

7 Did you materially participate in the operation of this business during 2022? .....  Yes  No

8 Did you make any payments in 2022 that would require you to file Form(s) 1099 .....  Yes  No

9 If 'Yes,' did you or will you file all required Forms 1099? .....  Yes  No

10 At-risk determination:

a Is all of the investment in this activity at risk? .....  Yes  No

b Is some of the investment in this activity not at risk? .....  Yes  No

c Did you receive a subsidy in 2022? .....  Yes  No

11 Did you have unallowed passive losses in 2021? .....  Yes  No

12a Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?.....  Regular  Extension  No  Yes

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

d Was this farm located in a Qualified Disaster Area? .....  Yes  No

| FARM INCOME – CASH METHOD  | 2022 | 2021 |
|--|------|------|
| 13 Sales of livestock, etc purchased for resale .....  |      |      |
| 14 Cost/Basis of livestock, etc purchased for resale.....  |      |      |
| 15 Sales of livestock, produce, grains, etc raised.....  |      |      |
| 16a Total distributions received from cooperatives .....   |      |      |
| b Taxable amount of distributions from cooperatives .....  |      |      |
| 17a Total agricultural program payments .....  |      |      |
| b Taxable amount of agricultural program payments .....  |      |      |
| c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15 ..... |      |      |
| 18a Commodity Credit Corporation (CCC) loans under election .....  |      |      |
| b CCC loans forfeited/repaid with certificates .....   |      |      |
| c Taxable amount of CCC loans forfeited/repaid.....  |      |      |
| 19a Crop insurance proceeds/federal crop disaster payments received in 2022 .....  |      |      |
| b Taxable crop insurance proceeds/federal crop disaster payments .....   |      |      |
| c Crop insurance proceeds/federal crop disaster payments deferred from 2021 .....  |      |      |
| 20 Custom hire (machine work) income .....   |      |      |
| 21 Other income – include federal/state gas tax credit/refund .....  |      |      |

| FARM INCOME – ACCRUAL METHOD                                      | 2022 | 2021 |
|---|------|------|
| 22 Sales – livestock, produce, grain, other products.....         |      |      |
| 23a Total distributions received from cooperatives .....          |      |      |
| b Taxable amount of distributions from cooperatives .....         |      |      |
| 24a Total agricultural program payments .....                     |      |      |
| b Taxable amount of agricultural program payments .....           |      |      |
| 25a Commodity Credit Corporation (CCC) loans under election ..... |      |      |
| b CCC loans forfeited/repaid with certificates .....              |      |      |
| c Taxable amount of CCC loans forfeited/repaid.....               |      |      |
| 26 Crop insurance proceeds and certain disaster payments .....    |      |      |
| 27 Custom hire (machine work) income .....                        |      |      |
| 28 Other income include federal/state gas tax credit/refund ..... |      |      |

**Farm Income and Expenses (continued)**

ORG27

| <b>FARM INCOME – ACCRUAL METHOD (continued)</b>  | <b>2022</b>              | <b>2021</b>              |
|--|--------------------------|--------------------------|
| <b>29</b> Cost of Goods Sold:  |                          |                          |
| <b>a</b> Beginning inventory – livestock, produce, etc .....   |                          |                          |
| <b>b</b> Cost of livestock, produce, etc purchased .....   |                          |                          |
| <b>c</b> Ending inventory – livestock, produce, etc .....  |                          |                          |
| <b>30</b> Check if you used the unit-livestock price method or farm-price method to value inventory..... | <input type="checkbox"/> | <input type="checkbox"/> |

Complete ORG51 for acquisitions and ORG50 for dispositions.

| <b>FARM EXPENSES – CASH AND ACCRUAL METHODS</b>  | <b>2022</b> | <b>2021</b> |
|--|-------------|-------------|
| Name of this farm .....  |             |             |
| <b>31</b> Car and truck expense (complete ORG18) .....   |             |             |
| <b>32</b> Chemicals .....  |             |             |
| <b>33</b> Conservation expenses .....  |             |             |
| <b>34</b> Custom hire (machine work) .....   |             |             |
| <b>35</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....                  |             |             |
| <b>36</b> Employee benefit programs other than pension and profit-sharing plans.....                 |             |             |
| <b>37</b> Feed .....   |             |             |
| <b>38</b> Fertilizers and lime.....  |             |             |
| <b>39</b> Freight and trucking.....  |             |             |
| <b>40</b> Gasoline, fuel and oil.....  |             |             |
| <b>41 a</b> Insurance (other than health) .....  |             |             |
| <b>b</b> Self-employed health insurance attributable to this farm business.....                      |             |             |
| <b>42</b> Interest:  |             |             |
| <b>a</b> Mortgage (paid to banks, etc).....  |             |             |
| <b>b</b> Other .....   |             |             |
| <b>43</b> Labor hired .....  |             |             |
| <b>44</b> Pension and profit-sharing plans .....   |             |             |
| <b>45</b> Rent or lease:   |             |             |
| <b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....                      |             |             |
| <b>b</b> Other (land, animals, etc) .....  |             |             |
| <b>46</b> Repairs and maintenance .....  |             |             |
| <b>47</b> Seeds and plants purchased.....  |             |             |
| <b>48</b> Storage and warehousing.....   |             |             |
| <b>49</b> Supplies purchased.....  |             |             |
| <b>50</b> Taxes .....  |             |             |
| <b>51</b> Utilities .....  |             |             |
| <b>52</b> Veterinary, breeding and medicine.....   |             |             |
| <b>53</b> Other expenses (specify):  |             |             |
| _____  |             |             |
| _____  |             |             |
| _____  |             |             |
| _____  |             |             |
| <b>54</b> Qualified pension plan start-up costs.....   |             |             |
| <b>55</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018 ..... |             |             |
| <b>56</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017.....  |             |             |

## Child and Dependent Care Expenses

ORG35

**CHILD AND DEPENDENT CARE EXPENSES**

Enter below the persons or organizations who provided the child and dependent care.

| First Name (if person)<br>Last Name (if person)<br>OR<br>Provider Business Name<br>Additional Business Name | Provider Address                                     | ID Number<br>SSN on first<br>line<br>OR<br>EIN on second<br>line | Amount Paid                              |
|---|--|--|--|
| Provider Phone  |  |  |  |
| 1 .....   | .....<br>.....<br>.....                              | .....  | .....                                    |
|   | Care at above address?..... <input type="checkbox"/> | Tax-Exempt .. ▶ <input type="checkbox"/>                         | Foreign ..... ▶ <input type="checkbox"/> |
| 2 .....   | .....<br>.....<br>.....                              | .....  | .....                                    |
|   | Care at above address?..... <input type="checkbox"/> | Tax-Exempt .. ▶ <input type="checkbox"/>                         | Foreign ..... ▶ <input type="checkbox"/> |
| 3 .....   | .....<br>.....<br>.....                              | .....  | .....                                    |
|   | Care at above address?..... <input type="checkbox"/> | Tax-Exempt .. ▶ <input type="checkbox"/>                         | Foreign ..... ▶ <input type="checkbox"/> |
| 4 .....   | .....<br>.....<br>.....                              | .....  | .....                                    |
|   | Care at above address?..... <input type="checkbox"/> | Tax-Exempt .. ▶ <input type="checkbox"/>                         | Foreign ..... ▶ <input type="checkbox"/> |

| EXPENSES   | 2022 | 2021 |
|--|------|------|
| 1 Total employment taxes paid on wages for child care expenses .....               |      |      |
| 2 Total expenses paid in 2022 but not incurred in 2022 .....                       |      |      |
| 3 Total expenses incurred in 2022 but not paid in 2022 .....                       |      |      |
| 4 Medical expenses paid for qualifying persons unable to care for themselves ..... |      |      |

| STUDENT/DISABLED PERSON INFORMATION FOR 2022   | Taxpayer | Spouse |
|--|----------|--------|
| 5 If taxpayer or spouse was a full-time student or disabled in 2022, answer the following questions:   |          |        |
| a Number of months that taxpayer/spouse was a full-time student or disabled .....  |          |        |
| b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here ..... |          |        |

**GENERAL INFORMATION**

1 Enter your state of residence ..... Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

2 Check the appropriate box if:

|                           |                          |                          |                      |                     |
|---------------------------|--------------------------|--------------------------|----------------------|---------------------|
|                           | Taxpayer                 | Spouse                   |                      |                     |
| a Full year resident..... | <input type="checkbox"/> | <input type="checkbox"/> | Date of entry: _____ | Date of exit: _____ |
| b Part year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |                      |                     |
| c Nonresident.....        | <input type="checkbox"/> | <input type="checkbox"/> |                      |                     |

3 Resident locality: \_\_\_\_\_

4 County: \_\_\_\_\_ School district: \_\_\_\_\_ School district number: \_\_\_\_\_

5 Check if disabled..... Taxpayer  Spouse

**STATE CREDITS**

| 6 Description/type of credit (for example, solar energy, carpool) | Code | Amount |
|---|------|--------|
| a _____   |      |        |
| b _____   |      |        |
| c _____   |      |        |
| d _____   |      |        |
| e _____   |      |        |

**VOLUNTARY STATE CONTRIBUTIONS**

| 7 Description/type of contribution (for example, wildlife, cancer) | Code | Amount |
|--|------|--------|
| a _____  |      |        |
| b _____  |      |        |
| c _____  |      |        |
| d _____  |      |        |
| e _____  |      |        |

**MISCELLANEOUS QUESTIONS**

8 Did you file a state return for 2021? ..... Yes  No

9 Do you want state forms and instructions sent to you next year? ..... Yes  No

10 Do you want any applicable penalty and interest calculated and added to the return? ..... Yes  No

11 How do you want your state refund (if any) applied?

a Refunded .....       b Apply to 2023 estimates .....       c Apply to 2023 taxes .....

12 Additional state information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_