

# TAX ORGANIZER

Dear ,

We are excited to help you in the preparation of your tax return. Enclosed is your Tax Organizer for tax year 2023.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$37 for each \$100 in deductible expenses you find in your 2023 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. **Please note that if the data requested is included on other source documents (like a W2, 1099, etc.), you do NOT need to enter those amounts manually on the organizer as we will use the data from the source documents you provide.** Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

The easiest and most secure way to get this data to us is the **use our secure client portal**. Please login to your account and upload the organizer as well as any source documents that apply to your tax situation:

- Last year's tax return (**only if we did not prepare your return last year**)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you choose not to use the client portal, you can either mail us the data (please keep copies for yourself) or drop the data off in person at our office. If have any questions, please give us a call.

Thanks as always for your continued business.

Sincerely,

ED BALCERZAK  
1385 S COLORADO BLVD, SUITE 700  
DENVER, CO 80222  
(303) 753-0844  
ED@BALCERZAKFINANCIAL.COM

# General Information

## Taxpayer

## Spouse

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Suffix \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Date of Death \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check ("X") which phone number to list on return.

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Legally Blind \_\_\_\_\_  
 Totally Disabled \_\_\_\_\_  
 Claimed as a Dependent \_\_\_\_\_  
 Presidential Election Fund (\$3) \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 State of Residence as of 12/31 \_\_\_\_\_  
 County of Residence as of 12/31 \_\_\_\_\_  
 School District as of 12/31 \_\_\_\_\_  
 Sales tax rate of locality in 2023 \_\_\_\_\_ % \_\_\_\_\_  
 If Part Year, Period of Residency \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type \_\_\_\_\_  Driver's license OR  State Issued ID \_\_\_\_\_  Driver's license OR  State Issued ID \_\_\_\_\_  
 ID number \_\_\_\_\_ \_\_\_\_\_  
 ID issuing state \_\_\_\_\_ \_\_\_\_\_  
 ID issue date \_\_\_\_\_ \_\_\_\_\_  
 ID expiration date \_\_\_\_\_ \_\_\_\_\_

## Filing Status

Status on 2022 return :  \_\_\_\_\_  
 Status as of 12/31/2023 :  **1** Single  
 Enter ("X") in the box  **2** Married filing joint  
 **3** Married filing separately  
 (Enter spouse's name and SSN above)  
 **4** Head of Household Non-dependent name: \_\_\_\_\_  
 Non-dependent SSN: \_\_\_\_\_  
 **5** Qualifying surviving spouse (QSS) \_\_\_\_\_ Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If address is in a foreign country, enter that country \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 If a bona fide resident of a U.S. territory, enter territory \_\_\_\_\_

## Preparer's Information

Preparer's name ED BALCERZAK  
 Firm's name BALCERZAK FINANCIAL SERVICES, LLC  
 Street 1385 S COLORADO BLVD, SUITE 700  
 City DENVER State CO Zip Code 80222

## Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 here \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Questions

Yes No

<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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2023?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes No

<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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Dependents

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,250 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2023?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2023? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes No

<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"/>
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<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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Income (In 2023, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Alimony?
- 13 Did you receive payments from a Long-Term Care insurance contract?
- 14 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 15 Did you receive any income not reported in this Organizer?
- 16 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes No

<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"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 6 Did you make any contributions to an HSA (Health Savings Account) in 2023?

Yes No

<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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Purchases, Sales, Gains and Losses

- 1 Did you exchange any securities or investments for something other than cash?
- 2 Do you have any short sales, commodity sales, or straddles?
- 3 Did you buy or sell any bonds?
- 4 Did you receive stock from a stock bonus plan with your employer?
- 5 Did you sell any other personal assets at a gain?
- 6 Did you sell any real estate (other than your home) during the year?
- 7 Did you sell any assets using the installment method?

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you purchase a new vehicle, aircraft or boat?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did any security become worthless during 2023?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any debts become uncollectible during 2023?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <b>Yes</b>               | <b>No</b>                |    | <b><u>Business and Rental Property Income &amp; Deductions</u></b>                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2023?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <b>Yes</b>               | <b>No</b>                |    | <b><u>Other Deductions</u></b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur any travel and entertainment expenses for business purposes?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you pay expenses for the care of your child or other dependent so you could work?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2023?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2023? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you refinance a mortgage or take out a home equity loan during 2023?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you or your spouse pay any educational expenses for yourselves?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you pay any student loan interest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you make any federal or state estimated payments?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you pay alimony?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you donate non-cash donations?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you donate a vehicle?   |

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <b>Yes</b>               | <b>No</b>                |   | <b><u>Miscellaneous</u></b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$17,000 to any one person?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <b>Yes</b>               | <b>No</b>                |                          | <b><u>Return preparation and filing</u></b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 1                        | Do you want to e-file your return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2                        | If you are due a refund, how do you want to receive it?                                     |
|                          |                          | <input type="checkbox"/> | Check sent to you in the mail   |
|                          |                          | <input type="checkbox"/> | Apply to next year's estimates  |
|                          |                          | <input type="checkbox"/> | Direct deposit (please provide voided blank check)  |
|                          |                          | <input type="checkbox"/> | Other quick refund via a bank product   |
|                          |                          | <input type="checkbox"/> | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings         |
|                          |                          |                          | If you owe taxes, how do you want to pay them?  |
|                          |                          | <input type="checkbox"/> | Paper check sent with my return   |
|                          |                          | <input type="checkbox"/> | Credit card   |
|                          |                          | <input type="checkbox"/> | Installment Agreement   |
|                          |                          | <input type="checkbox"/> | Direct debit (please provide a voided blank check)  |
|                          |                          | <input type="checkbox"/> | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings         |
| <input type="checkbox"/> | <input type="checkbox"/> | 3                        | Do you want to allow your tax preparer to discuss this year's return with the IRS?          |
|                          |                          |                          | If no, enter another person (if desired) to be allowed to discuss this return with the IRS: |
|                          |                          |                          | Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____ |





Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
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<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

<b>"X" if spouse</b>		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 16 State Distribution</b>	<b>Box 14 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
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<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	18						
	19						
	20						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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36				
37				
38				
39				
40				
41				
42				
43				
44				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . . \_\_\_\_\_

Business address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business?  Yes  No
- 3 Check ('X') if you started or acquired this business in 2023.
- 4 Did you make any payments in 2023 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 \_\_\_\_\_ 5
- 6 \_\_\_\_\_ 6
- 7 \_\_\_\_\_ 7
- 8 \_\_\_\_\_ 8
- 9 \_\_\_\_\_ 9
- 10 \_\_\_\_\_ 10
- 11 \_\_\_\_\_ 11
- 12 \_\_\_\_\_ 12
- 13 \_\_\_\_\_ 13
- 14 \_\_\_\_\_ 14
- 15 Income reported on 1099 MISC . . . . . 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K . . . . . 16
- 17 Professional gambler winnings from Form W2-G . . . . . 17
- 18 Gross installment sales less cost of goods sold . . . . . 18
- 19 Returns and allowances . . . . . 19
- 20 Other income . . . . . 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

#### Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory . . . . .  Cost  Lower of cost or market  Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

- 23 Inventory at the beginning of year . . . . . 23
- 24 Purchases less cost of items withdrawn for personal use . . . . . 24
- 25 Cost of labor . . . . . 25
- 26 Materials and supplies . . . . . 26
- 27 Other Costs . . . . . 27
- 28 Inventory at end of year . . . . . 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

#### Assets Placed in Service This Year

Description:

- A \_\_\_\_\_ A
- B \_\_\_\_\_ B
- C \_\_\_\_\_ C
- D \_\_\_\_\_ D
- E \_\_\_\_\_ E
- F \_\_\_\_\_ F
- G \_\_\_\_\_ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)**

Expenses		Current Year Amount	Prior Year Amount
29	Advertising . . . . .		
30	Contract labor . . . . .		
31	Commissions and fees . . . . .		
32	Depletion . . . . .		
33	Employee benefit programs (other than on line 39) . . . . .		
34	Insurance (other than health) . . . . .		
<b>Interest:</b>			
35	Mortgage (paid to banks, etc.) . . . . .		
36	Other . . . . .		
37	Legal and professional services . . . . .		
38	Office expense . . . . .		
39	Pension and profit-sharing plans . . . . .		
<b>Rent or Lease:</b>			
40	Machinery rental or lease . . . . .		
41	Equipment rental or lease . . . . .		
42	_____ . . . . .		
43	_____ . . . . .		
44	_____ . . . . .		
	Other business property rental or lease		
45	_____ . . . . .		
46	_____ . . . . .		
47	_____ . . . . .		
48	Repairs and maintenance . . . . .		
49	Supplies (not included in inventory cost of goods sold) . . . . .		
50	Taxes and licenses . . . . .		
<b>Travel and Meals:</b>			
Travel			
51	_____ . . . . .		
52	_____ . . . . .		
53	_____ . . . . .		
54	_____ . . . . .		
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied . . . . .		
Meals subject to percentage limitation			
57	_____ . . . . .		
58	_____ . . . . .		
59	_____ . . . . .		
60	_____ . . . . .		
61	_____ . . . . .		
Meals not subject to percentage limitation (100% allowed)			
62	_____ . . . . .		
63	_____ . . . . .		
64	_____ . . . . .		
65	_____ . . . . .		
66	Utilities . . . . .		
67	Wages . . . . .		
<b>Other Expenses:</b>			
68	_____ . . . . .		
69	_____ . . . . .		
70	_____ . . . . .		
71	_____ . . . . .		
72	_____ . . . . .		
73	_____ . . . . .		
74	_____ . . . . .		
75	_____ . . . . .		
76	_____ . . . . .		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

**Area of Home**

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1
- 2 Total area of home . . . . . 2

**Daycare only - Part of Home Used Nonexclusively for Daycare**

- 3 Multiply days used for daycare during year by hours used per day . . . . . 3
- 4 Enter total hours home was available for daycare during year . . . . . 4

**Expenses related to entire home including business portion (Indirect)**

- 5 Casualty losses . . . . . 5
- 6 Excess mortgage interest . . . . . 6
- 7 Excess real estate taxes . . . . . 7
- 8 Insurance . . . . . 8
- 9 Rent . . . . . 9
- 10 Repairs and maintenance . . . . . 10
- 11 Utilities . . . . . 11

12 Other Expenses:

- a \_\_\_\_\_ 12a
- b \_\_\_\_\_ 12b
- c \_\_\_\_\_ 12c
- d \_\_\_\_\_ 12d
- e \_\_\_\_\_ 12e

**Business Allocation:**

- Business 1: \_\_\_\_\_
- Business 2: \_\_\_\_\_
- Business 3: \_\_\_\_\_
- Business 4: \_\_\_\_\_

Current Year Amount	Prior Year Amount




Current Year Allocation %	Prior Year Allocation %

**Business:** \_\_\_\_\_

**Additional expenses related to business portion only (Direct)**

- 13 Casualty losses . . . . . 13
- 14 Excess mortgage interest . . . . . 14
- 15 Excess real estate taxes . . . . . 15
- 16 Insurance . . . . . 16
- 17 Rent . . . . . 17
- 18 Repairs and maintenance . . . . . 18
- 19 Utilities . . . . . 19

20 Other Expenses:

- a \_\_\_\_\_ 20a
- b \_\_\_\_\_ 20b
- c \_\_\_\_\_ 20c
- d \_\_\_\_\_ 20d
- e \_\_\_\_\_ 20e

Current Year Amount	Prior Year Amount


Name \_\_\_\_\_ SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country \_\_\_\_\_

Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . .	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17 a</b> Real estate taxes . . . . .		
<b>b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

**Travel Expenses:**

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

**Meals Expenses:**

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Entity Name

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____

Enter "S" if K1 (1120S)  
Enter "P" if K1 (1065)  
Enter "E" if K1 (1041)

1
2
3
4
5
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36
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39
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41
42
43

Unreimbursed  
Partnership Exp.  
Current Year

1
2
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4
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14
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16
17
18
19
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21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

## IRA and Other Contribution Information

### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2023 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2023 and before 04/15/2024 . . . . . 2
- 3 Enter value of all traditional IRAs on 12/31/2023 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2024 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

- 5 Enter total traditional IRA contributions made for 2023 . . . . . 5
- 6 Enter contributions, on line 5, made after 12/31/2023 and before 04/15/2024 . . . . . 6
- 7 Enter value of all traditional IRAs on 12/31/2023 . . . . . 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2024 . . . . . 8


### Roth IRA Contributions

**Filer**

- 1 Enter 2023 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2023 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2023 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2023 . . . . . 4


### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2023 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2023 . . . . . 2

--	--

### Education (Coverdell ESA)

**Filer**

- 1 Enter 2023 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2023 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2023 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2023 . . . . . 4


### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Prescription medications . . . . .	1	
2	Fees for doctors, dentists, etc. . . . .	2	
3	Fees for hospitals, clinics, etc. . . . .	3	
4	Lab and X-ray fees . . . . .	4	
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .	5	
6	Medical equipment and supplies . . . . .	6	
7	Medical mileage (number of miles driven) . . . . .	7	
8	Medical parking, tolls and local transportation . . . . .	8	
9	Lodging for medical purposes . . . . .	9	
10	Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . .	10	
11	Long Term Care insurance premiums (taxpayer) . . . . .	11	
12	Long Term Care insurance premiums (spouse) . . . . .	12	
13	Expenses to stop smoking . . . . .	13	
14	Health insurance premiums - coverage established under your business (1) . . . . .	14	
15	Health insurance premiums - coverage established under your business (2) . . . . .	15	
16	Long Term Care insurance premiums - coverage est. under your business (1) . . . . .	16	
17	Long Term Care insurance premiums - coverage est. under your business (2) . . . . .	17	
18	_____	18	
19	_____	19	
20	_____	20	
21	_____	21	
22	Insurance reimbursement for any medical and dental expense listed above	22	

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
<b>Real Estate Taxes</b>			
23	Principal residence . . . . .	23	
24	Real estate taxes from Schedule E properties . . . . .	24	
<b>Real Estate Not Held For Investment</b>			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
<b>Real Estate Held For Investment</b>			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
<b>Personal property taxes</b>			
35	Non-business portion of vehicle personal property taxes . . . . .	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
<b>Non-Personal Property Taxes</b>			
41	K1 (1065) - Other deductions/taxes . . . . .	41	
42	K1 (1120S) - Other deductions/taxes . . . . .	42	
43	K1 (1041) - Other deductions/taxes . . . . .	43	
44	Foreign Taxes . . . . .	44	
45	From Schedule E properties . . . . .	45	
46	_____	46	
47	_____	47	
48	_____	48	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

- 49 Lender \_\_\_\_\_ 49
- 50 Lender \_\_\_\_\_ 50
- 51 Lender \_\_\_\_\_ 51
- 52 Lender \_\_\_\_\_ 52

**Home Mortgage Interest Not Reported on Form 1098**

- 53 Name: \_\_\_\_\_ 53
- Address: \_\_\_\_\_
- SSN: \_\_\_\_\_

--	--

- 54 Mortgage insurance premiums paid on 2023 acquisition indebtedness for principal residence . . . . . 54

--	--

**Refinancing Points**

- 55 Description . . . . . 55
- Points paid . . . . .
- Date of loan . . . . .
- Total number of scheduled loan payments . . . . .
- Number of payments made in 2023 . . . . .
- 56 Description . . . . . 56
- Points paid . . . . .
- Date of loan . . . . .
- Total number of scheduled loan payments . . . . .
- Number of payments made in 2023 . . . . .
- 57 Description . . . . . 57
- Points paid . . . . .
- Date of loan . . . . .
- Total number of scheduled loan payments . . . . .
- Number of payments made in 2023 . . . . .
- 58 Description . . . . . 58
- Points paid . . . . .
- Date of loan . . . . .
- Total number of scheduled loan payments . . . . .
- Number of payments made in 2023 . . . . .


- 59 Investment interest paid . . . . . 59

--	--





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Noncash Charitable Contributions (Total of Contributions more than \$500)

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2022 and paid in 2023 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

First Name	Last Name	Birthdate	SSN	Check if non-dependent was over age 12 and disabled	Amount incurred and paid in 2023
1 _____	_____	_____	_____	<input type="checkbox"/>	_____
2 _____	_____	_____	_____	<input type="checkbox"/>	_____
3 _____	_____	_____	_____	<input type="checkbox"/>	_____
4 _____	_____	_____	_____	<input type="checkbox"/>	_____

#### Persons or Organizations Who Provided the Care

Name	Address	SSN/EIN	Amount incurred and paid in 2023
1 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
2 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
3 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
4 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
5 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____