ORGANIZER				Page 2
2022	1040	US	Tax Organizer	2 5 4 5 2
		Y CPA PO		Tax Return Appointment
		ARKET ST BECK NY 12		Date:
				Time:
			845-876-4911	Location:
	Fax nur	nber: address:	845-876-6002	
	E-mail a	aaress:	jgrady@gradycpas.com	
	This	tax organize of your 20	r will assist you in gathering informat 022 tax return. Please enter all pertine	ion necessary for the preparation ent 2022 information.
Lot: school rec	cords or staten	nent landlord o	' nronerty management statement, health care nr	ent of the United States. This proof is typically in the form ovider statement, medical records, child care provider, Indian tribal office statement, or employer statement.
NOTE: If you	r child is disab		vide one of the following forms of proof of disabili	ty: doctor statement, other health care provider statement,
CLIENT	INFORMA	TION	_	
Circt name a	nd initial	<u> </u>	Taxpayer	Spouse
Title/euffix				
Occupation	ty number			
Data of hirth	(m/d/s)			
Date of death	(III/U/y)			
1-blind	. (m/a/y)			
Mark phone				
Work extensi	on			
Cell phone	Of 1			
E-mail address	ss			
L-man addre	55	In care of.		
		Street address		
Addr	ess	City	mber.:	
		State		
		ZIP code		
		ZII_ Code.		
DEPEND			Dependent No.	Dependent No.
First name Last name				
Last name Title/suffix				
Date of birth of Date of death				
Date of death Date of adopti				
Social securit				
Relationship.				
Months lived a				
Monuis liveu a	at Home		Dependent No.	Name of the last
First name			Dependent No.	Dependent No.
Last name	- F			
Last name Title/suffix	+			
Date of birth (
Date of death (
Date of adoption	-			
Social security				

	1040	US	Tax Organizer		
	a	Pleas	se enter all pertinent 2022 in	formation. If you have attached le box and do not enter a 2022 am	ou mat
'AG	iES, SALA			le box and do not enter a 2022 am	ount.
	yer name:	INIEO AND	0	2022 Amount	2021 Amount
١.				FALLET STREET THE	EGE! / (III) GIII
-					
-				Attach Forms W-2	
-					
-					
ΤE	REST INC	OME			
/er	name:				
-					
-				Attach Forms 1099-INT	
7					
-					
VID	END INCO	MF			
	name:				
-					
3				Attach Forms 1099-DIV	
5					
8					
		AND GAN	BLING INCOME		
er i	name:				
-					
-				Attach Forms	
				Attach Forms 1099-R & W-2G	
			100	1099-R & W-2G	
			/-2G	1099-R & W-2G	
Т	otal gambling	losses		1099-R & W-2G	
HE	otal gambling	losses	DRMS - INCOME	1099-R & W-2G	
T HE	otal gambling R GOVER orm 1099-B -	NMENT FC	DRMS - INCOME ck (also include transaction history)	1099-R & W-2G	
T HE Fo	otal gambling IR GOVERIO orm 1099-B - orm 1099-MIS	NMENT FC Sales of stoc C - Miscellar	DRMS - INCOME ck (also include transaction history)	1099-R & W-2G	s 1099
T HE Fr Fr	otal gambling IR GOVERION 1099-B - Orm 1099-MIS Orm 1099-K -	NMENT FC Sales of stoc SC - Miscellar Merchant car	DRMS - INCOME ck (also include transaction history) neous income rd and third party network payments	1099-R & W-2G	s 1099
T HE Fo Fo Fo	CR GOVERIOR TO THE TOTAL T	NMENT FC Sales of stoc SC - Miscellar Merchant car Sales of real	DRMS - INCOME ck (also include transaction history) neous income rd and third party network payments estate (also include closing stateme	Attach Form	s 1099
T HE Fo Fo Fo	ictal gambling IR GOVERIOTM 1099-B - ORM 1099-MIS ORM 1099-K - ORM 1099-S - ORM 1099-G -	NMENT FC Sales of stoc SC - Miscellar Merchant car Sales of real	DRMS - INCOME ck (also include transaction history) neous income rd and third party network payments	1099-R & W-2G Attach Form	s 1099
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HE For	ictal gambling IR GOVER! orm 1099-B - orm 1099-K - orm 1099-S - orm 1099-G - er: orm SSA-1099 orm 1099-G -	NMENT FC Sales of stoo C - Miscellar Merchant car Sales of real State tax ref	DRMS - INCOME ck (also include transaction history) neous income	Attach Forms 1099	s 1099
T HE For Foreign For	CR GOVERIOTH 1099-B - 1099-K - 1099-S - 1099-G -	NMENT FC Sales of stoo GC - Miscellar Merchant car Sales of real State tax ref 9 - Social sec Unemployme 29 Plan)	DRMS - INCOME ck (also include transaction history) neous income rd and third party network payments estate (also include closing stateme unds curity benefits	Attach Forms 1099 Attach Forms 1099	s 1099
HE Fr Fr Fr Fr Fr Fr Fr Fr Fr F	CR GOVERIOR 1099-B - 1099-MIS 1099-S - 1099-G -	NMENT FC Sales of stor SC - Miscellar Merchant car Sales of real State tax ref 9 - Social sec Unemployme 29 Plan) 5498-QA (ABL	DRMS - INCOME ck (also include transaction history) neous income rd and third party network payments estate (also include closing stateme unds curity benefits ent compensation	Attach Forms 1099 Attach Forms 1099	s 1099
T Fe Fe Fe Fe Fe Fe Fe Fe Fe F	ictal gambling IR GOVERI orm 1099-B - orm 1099-K - orm 1099-S - orm 1099-G - er: orm 1099-G - orm 1099-G (5 orm 1099-Q (5 orm 1099-QA/5 : orm SSA-1099	NMENT FC Sales of stor SC - Miscellar Merchant car Sales of real State tax ref 9 - Social sec Unemployme 29 Plan) 5498-QA (ABL	DRMS - INCOME ck (also include transaction history) neous income rd and third party network payments estate (also include closing stateme unds curity benefits ent compensation E Accounts)	Attach Forms 1099 Attach Forms 1099	s 1099
T Fe F	otal gambling IR GOVERI orm 1099-B - orm 1099-K - orm 1099-S - orm 1099-G - er: orm 1099-G - orm 1099-Q (5 orm 1099-QA/5 : orm SSA-1099 orm 1099-G -	NMENT FC Sales of stor SC - Miscellar Merchant car Sales of real State tax ref 9 - Social sec Unemployme 29 Plan) 5498-QA (ABL	DRMS - INCOME ck (also include transaction history) neous income rd and third party network payments estate (also include closing stateme unds curity benefits ent compensation curity benefits ent compensation	Attach Forms 1099 Attach Forms 1099	s 1099
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Insurance reimbursement..... Number of medical miles..... Other: **TAXES PAID** State income taxes - 1/22 payment on 2021 state estimate

22	1040	US	Tax Organizer		
TAX	ES PAID (c	ontinued)		2022 Amount	2021 Amount
	*		1 state extension	ZUZZ AMOURT	Z0Z1 Alliount
		paid with 202			
			years and/or to other states		
			nent on 2021 city/local estimate		
-			h 2021 city/local extension		
-			h 2021 city/local returnpt autos and special items)		
			S		
		2022 purchase 2021 state retu			
			bove		
			ft, and other special items		
			lence		
			for investment		
			· · · · · · · · · · · · · · · · · · ·	Attack Tarablatics	
			uding automobile fees in some states)	Attach Tax Notice	
	REST PAIL				
Home	mortgage inte	erest and poin	ts paid:		
H=				Attach Forms 1098	
Ш_					
Home m	nortgage interest r	ot on Form 1098	(include name, SSN, & address of payee):		
				<u> </u>	
Points	not reported	on Form 1098	:		
_					
-					
			post 12/31/06 contracts		
Investr	ment interest	(interest on m	argin accounts):		
-					
	H CONTRIE				
NOTE:	No deduction	is allowed for	r cash or check contributions unless the don	or maintains a bank record, or a	written communication
	from the don	ee, snowing tr	ne name of the organization, contribution da	e(s), and contribution amount(s)	
Volunte	eer expenses	(out-of-pocket	D		
Numbe	er of charitable	miles			
NON	CASH CON	ITRIBUTIO	NS	· · · · · · · · · · · · · · · · · · ·	
NOTE:	No deduction	is allowed for	contributions of clothing and household iter	ns that are not in good used cond	dition or better, in addition
	a deduction f	or any item w	r contributions of clothing and household iter ith minimal monetary value may be denied.	g	and the second in second in
MISC	ELLANEO	US DEDUC	TIONS	·	
		US DEDUC			
Union a	and profession	nal dues			
Union a	and profession turn preparation	nal dues on fee			
Union a Tax ret Safe de	and profession turn preparation eposit box ren	nal dues on fee ntal	**************************************		
Union a Tax ret Safe de Investn	and profession turn preparation eposit box ren nent expenses	nal dues on fee ntalss	**************************************		
Union a Tax ret Safe de Investn Estate	and profession turn preparation eposit box ren ment expenses tax, section 6	nal dues on fee otal s 91(c)			
Union a Tax ret Safe de Investn Estate	and profession turn preparation eposit box ren ment expenses tax, section 6	nal dues on fee ntalss			
Union a Tax ret Safe de Investn Estate	and profession turn preparation eposit box ren ment expenses tax, section 6	nal dues on fee otal s 91(c)			
Union a Tax ret Safe de Investn Estate	and profession turn preparation eposit box ren ment expenses tax, section 6	nal dues on fee otal s 91(c)			
Union a Tax ret Safe de Investn Estate	and profession turn preparation eposit box ren ment expenses tax, section 6	nal dues on fee otal s 91(c)			
Union a Tax ret Safe de Investn Estate Unreim	and profession turn preparation eposit box ren ment expenses tax, section 6	nal dues on fee otal s 91(c)			

ORGANIZER Page 6 1040 US **Client Information** 2022 1 **Tax Return Appointment GRADY CPA PC 47 W MARKET ST STE 3 RHINEBECK NY 12572** Date: Telephone number: 845-876-4911 Time: Fax number: Location: 845-876-6002 E-mail address: jgrady@gradycpas.com This tax organizer will assist you in gathering information necessary for the preparation of your 2022 tax return. Please add, change, or delete information as appropriate. **CLIENT INFORMATION** Filing status (table)..... Filing Status 1=married filing separate and lived with spouse Year spouse died, if qualifying surviving spouse (2020 or 2021) ... Filing Status First name and initial..... 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying surviving spouse (QSS) Last name..... Title/suffix..... Social security number.... Taxpayer Occupation..... Date of birth (m/d/y)..... Date of death (m/d/y)..... 1=blind..... First name and initial. Last name..... Title/suffix..... Social security number Spouse Occupation..... Date of birth (m/d/y).... Date of death (m/d/y).... 1=blind..... In care of..... Street address..... Apartment number..... Address City..... State..... ZIP code..... Region..... Foreign Postal code..... Address Country

ORGANIZER				Page 7
2022	1040	US	Client Information (continued)	1 _{p2}
OL IEA	IT INFO		Please add, change or delete information for 2022.	
CLIEN	II INFOR	RMATION		
Taxpayer Contact Information	Work phone Work exten Daytime ph Mobile phone Fax numbe	nesionone (table)ne	Daytim 1 = V 2 = H 3 = N	e Phone Vork lome fobile
Spouse Contact Information	Home phone Work phone Work extenda Daytime phone Mobile phone Fax number	esionone (table)ne		
Taxpayer Authentication	Driver's lice Driver's lice Issue date (Expiration of Theft protect	nse no nse state (m/d/y)		
Spouse Authentication	Driver's lice Issue date (Expiration o	nse state (m/d/y) late (m/d/y)		
				1 _{p2}

2022 1040 US **Dependents**

2

Please add, change or delete information for 2022.

DEPENDENTS

First name.	Dependent	Dependent	
Last name			
Last Harris			Type of Dependent
Title/suffix			
Date of birth (m/d/y)			1 = Child living w/taxpayer 2 = Child not living w/taxpayer
Date of death			3 = Dependent other than child
Date of adoption			4 = Head of household or qualifying surviving
Social security number			spouse (QSS) only.
Relationship			not a dependent 5 = Earned income credit only,
Months lived at home			not a dependent
Type of dependent (see table)			
Earned income credit (see table)			Earned Income Credit
Claimed by: 1=taxpayer, 2=spouse			
IRS theft protection PIN			1 = When applicable (default) 2 = Student age 19 to 23
	Dependent	Dependent	3 = Disabled
First name			4 = Force 5 = Suppress
Last name			5 – Suppress
Title/suffix			
Date of birth (m/d/y)			
Date of death			NOTE: If you claim the earned income credit, please provide
Date of adoption			proof that your child is a res-
Social security number.			ident of the U.S. This proof is typically in the form of:
Relationship			School records or statement
Relationship Months lived at home			School records or statement Landlord or property management statement
Relationship			School records or statement Landlord or property management statement Health care provider
Relationship			School records or statement Landlord or property management statement Health care provider statement Medical records
Relationship			School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records
Relationship	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or
Relationship	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement
Relationship	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement Indian tribe office statement
Relationship	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement
Relationship	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement Indian tribe office statement
Relationship. Months lived at home. Type of dependent (see table). Earned income credit (see table). Claimed by: 1=taxpayer, 2=spouse. IRS theft protection PIN. [First name. Last name. Title/suffix.	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement Indian tribe office statement Employer statement
Relationship. Months lived at home. Type of dependent (see table). Earned income credit (see table). Claimed by: 1=taxpayer, 2=spouse. IRS theft protection PIN. [First name. Last name. Title/suffix. Date of birth (m/d/y). Date of death.	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement Indian tribe office statement Cmployer statement
Relationship. Months lived at home. Type of dependent (see table) Earned income credit (see table) Claimed by: 1=taxpayer, 2=spouse IRS theft protection PIN [First name Last name Title/suffix. Date of birth (m/d/y) Date of death Date of adoption	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement Indian tribe office statement Employer statement
Relationship. Months lived at home. Type of dependent (see table). Earned income credit (see table). Claimed by: 1=taxpayer, 2=spouse. IRS theft protection PIN First name. Last name. Title/suffix. Date of birth (m/d/y). Date of death. Date of adoption. Social security number.	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement Indian tribe office statement MOTE: If your child is disabled, please provide one of the fol-
Relationship. Months lived at home. Type of dependent (see table). Earned income credit (see table). Claimed by: 1=taxpayer, 2=spouse. IRS theft protection PIN First name. Last name. Title/suffix. Date of birth (m/d/y). Date of death. Date of adoption. Social security number. Relationship.	Dependent	Dependent	1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement
Relationship. Months lived at home. Type of dependent (see table). Earned income credit (see table). Claimed by: 1=taxpayer, 2=spouse. IRS theft protection PIN First name. Last name. Title/suffix. Date of birth (m/d/y). Date of death. Date of adoption. Social security number.	Dependent	Dependent	School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement Indian tribe office statement MOTE: If your child is disabled, please provide one of the following forms of proof of disability:
Relationship. Months lived at home. Type of dependent (see table). Earned income credit (see table). Claimed by: 1=taxpayer, 2=spouse. IRS theft protection PIN. First name. Last name. Title/suffix. Date of birth (m/d/y). Date of death. Date of adoption. Social security number. Relationship. Months lived at home. Type of dependent (see table).	Dependent	Dependent	1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or
Relationship. Months lived at home. Type of dependent (see table). Earned income credit (see table). Claimed by: 1=taxpayer, 2=spouse. IRS theft protection PIN. First name. Last name. Title/suffix. Date of birth (m/d/y). Date of death. Date of adoption. Social security number. Relationship. Months lived at home.	Dependent	Dependent	1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement

2022	1040	US	Miscellaneous Questions							
	If any	of the foll app	owing items pertain to you or your spouse for 2022, please check the ropriate box and provide additional information if necessary.							
YES	NO		PERSONAL INFORMATION Did your marital status change during the year?							
		Did your a	address change during the year?							
		Could you	be claimed as a dependent on another person's tax return for 2022?							
			NDENTS e any changes in dependents?							
		Were any older if stu	of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or udent) at the end of 2022?							
		Did you ha dividend in	ave any children under age 19 or full-time students under age 24 at the end of 2022, with interest and noome in excess of \$1,100, or total investment income in excess of \$2,200?							
		HEALT	H CARE COVERAGE							
		Did you re	ceive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.							
		INCOM Did you re	IE ceive unreported tip income of \$20 or more in any month?							
		Did you ca yourself, y	sh any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for our spouse, or your dependents?							
		Did you re	ceive any disability income?							
		Did you ha	ve any foreign income or pay any foreign taxes?							
		PURCH	IASES, SALES AND DEBT							
			art a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, ion, trust, or REMIC?							
		Did you pu personal a	rchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any ssets to business use?							
		Did you bu	y or sell any stocks, bonds or other investment property in 2022?							
		Did you pu	rchase, sell, or refinance your principal home or second home, or did you take a home equity loan?							
		Did you ma	ake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel sources?							
		Did you ha	ve any debts cancelled or forgiven?							
		Does anyo	ne owe you money which has become uncollectible?							

ORGANIZER				

2022	1040	US	Miscellaneous Questions (continued)
	lf any	of the foll app	owing items pertain to you or your spouse for 2022, please check the ropriate box and provide additional information if necessary.
YES	NO		EMENT PLANS eceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you m	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you tra	ansfer or rollover any amount from one retirement plan to another retirement plan?
			ATION sceive a distribution from an Education Savings Account or a Qualified Tuition Program? our spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or school?
			ZED DEDUCTIONS cur a loss because of damaged or stolen property?
		Did you we	ork out of town for part of the year?
		Did you us	se your car on the job (other than to and from work)?
			ATED TAXES oply an overpayment of 2021 taxes to your 2022 estimated tax (instead of being refunded)?
		If you have refunded)?	e an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax (instead of being
		Do you exp	pect your 2023 taxable income and withholdings to be different from 2022?
			LLANEOUS nt to allocate \$3 to the Presidential Election Campaign Fund?
		Does your	spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		May the IR	S discuss your tax return with your preparer?
		Did you ha	ve an interest in or signature or other authority over a financial account in a foreign country, such as a bank ecurities account, or other financial account?

2022	1040	US	Miscellaneous Questions (continued)
	If any	of the foll app	lowing items pertain to you or your spouse for 2022, please check the ropriate box and provide additional information if necessary.
YES	NO		ELLANEOUS (continued) eceive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your	home rented out or used for business?
		Medicare	ave a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life policy?
		Did you re	eceive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		Are you a military or	member of the Armed Forces of the United States on active duty who moved pursuant to a rder related to a permanent change of station?
		Did you e	ngage the services of any household employees?
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?
		Did you or	r your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
		Did your b	pank account information change within the last twelve months?
		At any tim any virtua	ne during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in l currency?

2022	1040	US Miscellaneous Questions
	If any	f the following items pertain to you or your spouse for 2022, please check the appropriate box and provide additional information if necessary.
YES	NO	Did your marital status change during the year?
		Did your address change during the year?
		Could you be claimed as a dependent on another person's tax return?
		Were there any changes in dependents?
		Did you and your dependents have health care coverage for the full-year?
		Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
		Did you receive unreported tip income of \$20 or more in any month?
		Did you receive any disability income?
		Did you buy or sell any stocks, bonds or other investment property?
		Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
		Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
		Did you transfer or rollover any amount from one retirement plan to another?
		Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
		Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		Did you incur a loss because of damaged or stolen property?
		Did you use your car on the job (other than to and from work)?
		May the IRS discuss your tax return with your preparer?
		Was your home rented out or used for business?
		Were you notified or audited by either the IRS or the State taxing agency?
		Did you receive an economic impact payment? If so, how much?

022	1040	US	Direct	Depo	sit & Estima	tes (Form 10	40 ES)		3, (
	A		Pleas	se enter	all pertinent 202	2 information.			
DIRE	CT DEPO	SIT / ELE	CTRON	IC PAY	MENT (3)				
							7 7 8	- FIG	14 00
			tax						
BAN	K INFORM	MATION	_						
	Name o	f Bank	Ď	rcent to eposit xx.xx)	Routing Number	Account f	Number	Type of Account (Table 1)	Type of Invest. (Table 2)
2022	ESTIMATI	ED TAX /	1040-ES	(6)					
Federa				•	unt Paid	Date Paid	TS	2022 Voucher Amo	ount
	ment applied						10/5		
	ter payment.,								
	rter payment. rter payment		_						
	rter payment								
-til qual	ter payment							A BALLEYU	E 0 9 5
	Additional Es						16		
	Tax Paym	ients							
Paid wit	h extension								
Former s	spouse SSN if j	oint estimates	272			MITTINES.	FEBRUAR.		
State				Amo	unt Paid	Date Paid	TS	2022 Voucher Amo	unt
	ment applied fr	om 2021		71170	and and	MENT UNITED		TOGGIGI PAIN	
	ter payment								
2nd quar	rter payment .								
3rd quarl	ter payment								
4th quart	ter payment		maga.					77.50	
	Additional Ea	المقممة							
	Additional Es Tax Paym		-						
Paid with	n extension								
							10		
	1	Type of Acco	ount		2	Type of Investment			
		1 = Savings 2 = Checking			1 = Checking or savings (2 = Taxpayer's IRA (next	default) 6 = Covere 7 = Other	dell savings accou		
					3 = Spouse's IRA (next yet 4 = Health savings account	ar limits) 8 = Taxpa it (HSA) 9 = Spous	yer's IRA (current e's IRA (current y	year limits) ear limits)	
					5 = Archer MSA				

ORGANIZER Page 14

2022	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
			Please enter all pertinent 2022 information.	
APPI	LICATION	I OF 2022	OVERPAYMENT (7.1)	
	ave an overpa please explain		2 taxes, do you want the excess refunded? or applied to 2023 estimate? .	
2023	ESTIMAT	TED TAX	INFORMATION	
			come to be different from 2022? Yes	No
<u> </u>				
	expect your 20 explain any di		g to be different from 2022? Yes	No
-				
				71

ORGANIZER US Wages, Pensions, Gambling Winnings 1040 2022 10, 13.1, 13.2 Please enter all pertinent 2022 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference. WAGES, SALARIES, TIPS (10) Wages, Tips, Other 1=retirement Tax Withheld plan (Box 13) Social Name of Employer (Box c) Federal Medicare State (Box 17) Compensation (Box 1) Local No. Security (Box 4) (Box 2) (Box 19) 1=spouse (Box 6) 2021 Wages **PENSIONS, IRA DISTRIBUTIONS (13.1)** Distribution code #2 Tax Withheld Value of all IRAs Gross Taxable Distribution code #1 Name of Payer Distribution Amount Federal State No. 2021 at 12/31/22 1=IRA/SEP/SIMPLE (Box 2a) (Box 1) (Box 4) (Box 14) Distribution 1=spouse **GAMBLING WINNINGS (W-2G) (13.2)** Tax Withheld Gross Winnings Name of Payer 1=spouse No. (Box 1) 2021 Federal (Box 4) State (Box 15) Local (Box 17) Winnings **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2022 Amount TS 2021 Amount Total gambling losses..... Winnings not reported on Form W-2G

10, 13.1, 13.2

2022 1040 US Interest & Dividend Income 11, 12

Please enter all pertinent 2022 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

	Name of Paver	1 1.		Interest Income		Tax-Exem	pt Interest	Early Withdrawal	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Penalty (Box 2)	2021 Interest
	l l								

DIVIDEND INCOME (12)

		1 4		Dividend Income				Tax-Exem	pt Interest	Foreign	
No.	Name of Payer	2=spouse	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 7)	2021 Dividends

2022 1040 US Miscellaneous Income 14.1

Please enter all pertinent 2022 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME	2022 Amou	ınt	2021 Am	ount
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				-
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:			Nh	
Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				
-				
-				
<u></u>				
TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				
Local income (av mitilieid				

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2022 information as appropriate. Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

2022 1099-G Amount

	Name of payer	
	1=spouse	
	Unemployment compensation:	THE PARTY AND
	Total received (Box 1)	
	2022 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2021 (Box 3)	
	Federal income tax withheld (Box 4)	
No.	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm.	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	
	[N	
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2022 Overpayment repaid	
	State and local refunds:	- rate and a
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2021 (Box 3)	
	Federal income tax withheld (Box 4)	
No.	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm.	
	1=box 2 is trade or business income (Box 8)	TEASTER VAL
	State income tax withheld (Box 11)	州市中国共产党
	Joiate income tax withinitia (DOX 11)	

2022 1040 US Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2022 amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere. Last year's amounts are provided for your reference.

ESA'S AN	D QTP'S (Form 1099-Q)	2022 Amount	2021 Amount
	Name of payer		
No.	Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1) Earnings (Box 2) Basis (Box 3) Rollover: 1=nontaxable, 2=taxable (Box 4) Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ESA's only: 2022 contributions to this ESA Value of this account at 12/31/22 (plus outstanding rollovers) Basis in this ESA as of 12/31/21		
No.	Name of payer. 1=spouse. Qualified expenses: Higher education (net of nontaxable benefits). Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1). Earnings (Box 2). Basis (Box 3). Rollover: 1=nontaxable, 2=taxable (Box 4). Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). ESA's only: 2022 contributions to this ESA Value of this account at 12/31/22 (plus outstanding rollovers) Basis in this ESA as of 12/31/21		
No.	Name of payer. 1=spouse. Qualified expenses: Higher education (net of nontaxable benefits). Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1). Earnings (Box 2). Basis (Box 3). Rollover: 1=nontaxable, 2=taxable (Box 4). Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). ESA's only: 2022 contributions to this ESA		
	Value of this account at 12/31/22 (plus outstanding rollovers) Basis in this ESA as of 12/31/21		

2022 1040 US ABLE Distributions 14.4

ARLE DIS	TRIBUTIONS / CONTRIBUTIONS	2022 Amount	2021 Amount
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	1=program to program transfer (4)		
·-	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		
	Lannings on excess continuations ,,,,,,,		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
			<u> </u>
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

ERAL INFO I business/profe I business code s name, if differe s address, if diff lifferent from Fo different from Fe e, if different from costal code country cr identification is counting method: 1=6	ent from Ferent from 1040 .	Form 1040		s amounts are p	rovided for y	our reference	.
s name, if differs address, if different from Fo different from Fe, if different from region	ent from F ferent from rm 1040 . Form 1040 m Form 10	orm 1040 n Form 1040 040					
different from F e, if different from region costal code country er identification r ecounting metho ing method: 1=6	rorm 1040 m Form 10	040					
region	number						
countryer identification is counting methoding method: 1=0	number						
	cash, 2=a						
-	ost, 2=lowenethod	er cost/market, 3					1
chedule C filed to file Form(s) 1099 object to self-em	for this bu , did you or ployment	siness	red Form(s) 1099: 1=yes, 2=n				
nal services is n ment	not a mate	rial income prod	ucing factor				
member limited	d liability o	ompany		. 1/2			
ME				2022 Am	ount	2021 Amou	nt
and allowances						T T	
OF GOOD	os soi	D					
/ at beginning o	f the year						
tems for personabor	al use						
	pe of inventory ree, 2=joint	the of inventory method the, 2=joint	the of inventory method the, 2=joint the chedule C filed for this business to file Form(s) 1099, did you or will you file all requivabject to self-employment tax that services is not a material income produment ter's Schedule C member limited liability company in financial instruments or commodities ME ceipts or sales (Form 1099-MISC, box 7) and allowances come: TOF GOODS SOLD y at beginning of the year terms for personal use abor s and supplies	ge of inventory method ge, 2=joint ge chedule C filed for this business to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=not abject to self-employment tax got "materially participate" got and services is not a material income producing factor greent ger's Schedule C greenber limited liability company got in financial instruments or commodities ME Ceipts or sales (Form 1099-MISC, box 7) got and allowances gother	ceipts or sales (Form 1099-MISC, box 7) and allowances. come: TOF GOODS SOLD y at beginning of the year es. tems for personal use abor. s and supplies.	ge of inventory method lee, 2=joint. lichedule C filed for this business to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no libject to self-employment tax to "materially participate" lead services is not a material income producing factor left's Schedule C. left'	ge of inventory method ge, 2=joint chedule C filed for this business to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no bigliect to self-employment tax of "materially participate" nal services is not a material income producing factor ment. ger's Schedule C member limited liability company in financial instruments or commodities ME ceipts or sales (Form 1099-MISC, box 7) and allowances. come: TOF GOODS SOLD y at beginning of the year es tems for personal use abor. s and supplies

					Luge Z
2022	1040	US	Business Income (Schedule C) (cont.)	No.	16 _{p2}

Please enter all pertinent 2022 amounts.	Last year's amounts	are provided for your	reference.
--	---------------------	-----------------------	------------

accountingdvertising	2021 Amount
dvertising	
COVER 13 11 19	
nswering service	
ad debts from sales or service	
ank charges	
ar and truck expenses (not entered elsewhere)	
ommissions	
ontract labor	
elivery and freight	
ues and subscriptions.	
mployee benefit programs	
nsurance (other than health)	
lortgage interest (paid to banks, etc.)	
ther interest (not entered elsewhere)	
anitorial	
aundry and cleaning	
egal and professional	
liscellaneous	
ffice expense	
utside services	
arking and tolls	
ension and profit sharing plans - contributions	
ension and profit sharing plans - admin. and education costs	
ostage	
rinting	
ent - vehicles, machinery, & equipment (not entered elsewhere)	
N114	
ent - other	
epairs	
ecurity	
upplies	
axes - real estate	
axes - payroll	
axes - sales tax included in gross receipts	
axes - other (not entered elsewhere)	
elephone	
pols	
avel	
otal meals in full (50%)	
epartment of Transportation meals in full (80%)	
eals provided by restaurants in full (100%)	
niforms	
illities.	
-	
ages	

2022 1040 US Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in 2022, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
									17

2 10	40 U	S	Installment Sales (Form	6252)	F
		pertino	ent 2022 amounts. Last year's a		
	Description	of prope	erty	LOLL AHOUNT	2021 Amount
	Date acqui	red (m/d/	(y)		History III
No					
			(XXX)		
	Current ye	ar princip	al payments (-1 if none)		
			erty		
			y)		
lo.					
			(XXX)		
	Current ye	ar princip	al payments (-1 if none)		
	Description	of prope	erty		
	Date acqui	red (m/d/	y)		
lo.	Date sold (m/d/y)			
	Gross profi	t ratio (.x	xxx)		
	Current yea	ar princip	al payments (-1 if none)		
	Description	of prope	rty.		
			y)		
lo.	7				
	-		xxx)		
	Current year	ar princip	al payments (-1 if none)		
	To	,			
	Data consti	of twist	rty		
ю.	- I		у)		
	-		xxx)		
			al payments (-1 if none)		
	Current year	ir principi	ar payments (-1 if florie)		
			rty		
_	- II		/)		
0.	- 1				
	□ Gross profit	t ratio (.x	xxx)		

	Description of property	
	Date acquired (m/d/y)	LO THE LEVEL OF THE PARTY OF TH
No.	Date sold (m/d/y)	
	Gross profit ratio (.xxxx)	
	Current year principal payments (-1 if none)	

1040

US Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2022, please complete the information below.

SALE OF HOME (17)	
escription of property (Box 3)	
te acquired (m/d/y).	
te sold (m/d/y) (Box 1)	
les price (Box 2).	
sale of home.	
owned and used property as main home for at least 2 of 5 years before sale	
first-time homebuyer credit was previously taken on this home	
business use in year of sale	
mber of days after December 31, 2008 that home was not used as principal residence	
mbor of days after becombor 51, 2000 that frome was not used as principal residence	
ljusted Basis	
ginal cost	~
provements:	4
usted basis	100
al expenses of sale	
al expenses of sale	
al expenses of sale duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Ma	een circumstances you either: ay 6, 1997
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Max cl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/	een circumstances you either: ay 6, 1997.
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Mixcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/ale due to change in health, employment or unforeseen circumstances	een circumstances you either: ay 6, 1997. y)
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese poid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Maxcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances	een circumstances you either: ay 6, 1997. y)
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese oid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Maxcl. gain from another home after May 6, 1997 & within 2 yrs, of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances are used as main home - taxpayer.	een circumstances you either: ay 6, 1997. y)
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese poid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997 & within 2 yrs, of current sale, enter date of sale (m/d/ale due to change in health, employment or unforeseen circumstances are used as main home - taxpayer. The sused as main home - spouse are property owned - taxpayer.	een circumstances you either: ay 6, 1997. y)
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese bid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Max ccl. gain from another home after May 6, 1997 & within 2 yrs, of current sale, enter date of sale (m/d/ale due to change in health, employment or unforeseen circumstances s used as main home - taxpayer. s used as main home - spouse. s property owned - taxpayer.	een circumstances you either: ay 6, 1997. y)
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese poid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Maxcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances as used as main home - taxpayer as used as main home - spouse as property owned - taxpayer as property owned - spouse	een circumstances you either: ay 6, 1997. y)
al expenses of sale. duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese old not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances are used as main home - taxpayer as used as main home - spouse as property owned - taxpayer as property owned - spouse Sold EXPENSES (27) (If you are a member of the Armed Forces and moved due to a personner.	een circumstances you either: ay 6, 1997 y) ermanent change in station)
duced Exclusion asse complete the following information if due to a change in health, place of employment, or unforese old not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/ale due to change in health, employment or unforeseen circumstances as used as main home - taxpayer as used as main home - spouse as property owned - taxpayer as property owned - spouse Solving Expenses (27) (If you are a member of the Armed Forces and moved due to a perpouse, 2=joint.	een circumstances you either: ay 6, 1997 y) ermanent change in station)
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese poid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May (c.l. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/ale due to change in health, employment or unforeseen circumstances is used as main home - taxpayer is used as main home - spouse is property owned - taxpayer is property owned - spouse. DVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perpouse, 2=joint. Trimed forces move due to permanent change of station	een circumstances you either: ay 6, 1997 y) ermanent change in station)
duced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese poid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Max (cl. gain from another home after May 6, 1997 & within 2 yrs, of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances as used as main home - taxpayer as used as main home - spouse as property owned - taxpayer as property owned - spouse. Solving Expenses (27) (If you are a member of the Armed Forces and moved due to a propouse, 2=joint. The property owned to permanent change of station as from old home to new work place.	een circumstances you either: ay 6, 1997 y) ermanent change in station)
al expenses of sale. Aduced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese poid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997 & within 2 yrs, of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances as used as main home - taxpayer as used as main home - spouse as property owned - taxpayer as property owned - spouse CVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a propouse, 2=joint. The property owned to permanent change of station as from old home to new work place.	een circumstances you either: ay 6, 1997. y) ermanent change in station)
educed Exclusion ase complete the following information if due to a change in health, place of employment, or unforese Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May Cal. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances yrs used as main home - taxpayer As used as main home - spouse As property owned - taxpayer As property owned - spouse OVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perspouse, 2=joint. As armed forces move due to permanent change of station as from old home to new work place the service of transportation and storage of household goods and personal effects	een circumstances you either: ay 6, 1997. y) ermanent change in station)
al expenses of sale aduced Exclusion ase complete the following information if due to a change in health, place of employment, or unforese Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Maxcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances ys used as main home - taxpayer ys used as main home - spouse ys property owned - taxpayer ys property owned - taxpayer ys property owned - spouse OVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perpouse, 2=joint. urmed forces move due to permanent change of station as from old home to new work place as from old home to old work place penses for transportation and storage of household goods and personal effects ging and travel (excluding meals):	een circumstances you either: ay 6, 1997. y) ermanent change in station)
al expenses of sale ase complete the following information if due to a change in health, place of employment, or unforese Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after Mixcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances //s used as main home - taxpayer //s used as main home - spouse //s property owned - taxpayer //s property owned - spouse OVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a particular forces move due to permanent change of station as from old home to new work place as from old home to old work place penses for transportation and storage of household goods and personal effects ging and travel (excluding meals): Lodging and travel (excluding automobile)	een circumstances you either: ay 6, 1997. y) ermanent change in station)
cal expenses of sale	een circumstances you either: ay 6, 1997 y) ermanent change in station)
call expenses of sale cauced Exclusion case complete the following information if due to a change in health, place of employment, or unforese bid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/sale due to change in health, employment or unforeseen circumstances ys used as main home - taxpayer ys used as main home - spouse ys property owned - taxpayer ys property owned - spouse OVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a particular of the forces move due to permanent change of station es from old home to new work place penses for transportation and storage of household goods and personal effects liging and travel (excluding meals): Lodging and travel (excluding automobile)	een circumstances you either: ay 6, 1997. y) ermanent change in station)

(* owned and used property as main home for at least 2 of 5 years before sale)

	1040	US	Rental & Royalty Income (Schedule E)	No 18
	Please en	ter all perti	inent 2022 amounts. Last year's amounts are provided	for your reference.
GEN	NERAL IN	IFORMAT	TION 2022 Amount	2021 Amount
Descri	iption of prope	ertv		
	address	-		Type of Property
City				1 = Single Family Residence 2 = Multi-Family Residence
State.				3 = Vacation/Short-Term Rental
ZIP co	ode			4 = Commercial 5 = Land
Туре	of property (se	ee table)		6 = Royalties 7 = Self-Rental
		rty [7 — Sen-Kentai
Numb	er of days ren	ted	34	
Percental	age of ownership 00% (.xxxx) age of tenant occu		1=did not actively participate	
Percenta if not 10	age of tenant occu 10% (.xxxx)	ipancy	1=real estate professional	
1=spo	use, 2=joint		1=rental other than real estate	
1=qua	lified joint ver	nture	1=investment 1=single member limited	
2=passi	assive áctivity, ve royalty		liability company	
lf requ	ired to file Fo	rm(s) 1099, di	d you or will you file all required Form(s) 1099: 1=yes, 2=no	
INC	OME		2022 Amount	2021 Amount
Rents	or royalties re	eceived		
Assoc	iation dues		where)	
Associ Auto a Cleani	iation dues and travel (not ing and maint	entered elsev	vhere)	
Associ Auto a Cleani Comm	iation dues and travel (not ing and maint hissions	entered elsew	vhere)	
Associ Auto a Cleani Comm Gardei	iation dues and travel (not ing and maint issions ning	entered elsew	vhere)	
Associ Auto a Cleani Comm Gardei Insura	iation dues and travel (not ing and maint nissions ning	entered elsew	where)	
Associ Auto a Cleani Comm Gardei Insura Legal	iation dues and travel (not ing and maint nissions ning ince and professio	entered elsew enance	where)	
Associ Auto a Cleani Comm Gardei Insura Legal : Licens	iation dues and travel (not ing and maint nissions ning ince and professio ses and permi	entered elsev enance nal fees	vhere)	
Associ Auto a Cleani Comm Gardei Insura Legal: Licens Manag Miscel	iation dues and travel (not ing and maint nissions ning and professio ses and permi gement fees laneous	entered elsev enance nal fees	vhere)	
Associ Auto a Cleani Comm Gardei Insura Legal Licens Manag Miscel Mortga	iation dues and travel (not ing and maint nissions ning and professio ses and permit gement fees laneous age interest (p	entered elsevenance	vhere)	
Associ Auto a Cleani Comm Gardei Insura Legal: Licens Manag Miscel Mortga Qualifi	iation dues and travel (not ing and maint nissions ning and professio ses and permi gement fees laneous age interest (pied mortgage	entered elsevenance	etc.)	
Associ Auto a Cleani Comm Gardei Insura Legal : Licens Manag Miscel Mortga Qualifi Excess	iation dues and travel (not ing and maint nissions ning and professio ses and permit gement fees laneous age interest (p ied mortgage is mortgage in	entered elsewenance	etc.) miums	
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	1040	US	Rental & Royalty Income	e (Scn.	E) (cont.)	No.	18 _{p2}
Plea	ase enter all expense co	pertinent 2 lumn shou	022 amounts. Last year's amounts ld only be used for vacation home	s are prov s or less t	rided for your rei than 100% tenan	ference. The ir it occupied rer	idirect itals.
GE	ENERAL IN	IFORMAT	TON				
	- •						
Oll	L AND GA	S		2023	2 Amount	2021 Amou	nt
Prod	duction type (pre	eparer use onl	y)				
			unt				
			if none)				
			, if different (-1 if none)				
PE	RSONAL	USE OF D	WELLING UNIT (INCLUDING	VACATI	ION HOME)		
Num	nber of days per	sonal use					
Num	nber of days ow	ned (if optiona	I method elected)				
INI	DIRECT EX	/DENSES					
NO	These include	enses are relat de repairs, inst	ted to operating or maintaining the dwelling uurance, and utilities.	nit.			
	-		······ [
Asso	ociation dues						
Auto	and travel (not	entered elsev	vhere)				
	-						
Com	ımissions						
Gard	dening						
Insu	rance						
Lega	al and profession	nal fees					
Licer	nses and permit	ts					
	~						
Misc	ellaneous						
Mort	gage interest (p	aid to banks,	etc.)				
			niums				
Exce	ess mortgage in	terest					
Othe	er interest (not e	ntered elsewh	ere)				1
	-	-					
Pest	control		55656				
Plum	nbing and electr	ical					
			ere)				
Othe	r:		r				
	-						
	·						
	-						
	2						

22	1040	US	Farm Inc	come (Schedule	F/Form 4835)	No.	
	Please en	ter all pert	inent 2022 am	nounts. Last year's a	mounts are provide	ed for your refe	erence.
GEN	NERAL IN	FORMA [*]	TION				
Princip	pal product						
Emplo	yer ID numbe	r					
Agricu	ıltural activity	nnde		***************************************			

						74 45	
				2=self-rental, 3=other			
				red Form(s) 1099: 1=yes, 2=no			
)			
						Section 1	
						M D A A	
				only).		100,711,00	
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FAR	M INCOM	1E		7702525			
		1E		***************************************	2822 Amount	202	1 Amount
Cash n	method:		esale items		2022 Amount	202	1 Amount
Cash n Sa	method: lles of livestod	k and other r			2022 Amount	202	1 Amount
Cash n Sa Co	method: lles of livestoo est or basis of	k and other r livestock or c	other resale items		2022 Amount	202	1 Amount
Cash n Sa Co Sa	method: lles of livestod est or basis of lles of product	k and other r livestock or c	other resale items		2022 Amount	202	1 Amount
Cash r Sa Co Sa Accrua	method: les of livestod est or basis of les of product al method:	k and other r livestock or c s raised	other resale items		2022 Amount	202	1 Amount
Cash r Sa Co Sa Accrua Sa	method: ales of livestoc ast or basis of ales of product al method: ales of livestoc	k and other r livestock or d s raised k, produce, e	other resale items	· · · · · · · · · · · · · · · · · · ·	2022 Amount	202	1 Amount
Cash r Sa Co Sa Accrua Sa Be	method: iles of livestod est or basis of iles of product al method: iles of livestod ginning inven	k and other r livestock or c s raised k, produce, e ory of livesto	other resale items		2022 Amount	202	1 Amount
Cash r Sa Co Sa Accrua Sa Be Co	method: iles of livestoc est or basis of iles of product al method: iles of livestoc ginning inven st of livestock	k and other r livestock or c s raised k, produce, e ory of livesto , etc. purchas	other resale items		2022 Amount	202	1 Amount
Cash n Sa Co Sa Accrua Sa Be Co En	method: iles of livestoc est or basis of iles of product al method: iles of livestoc ginning inven st of livestock	k and other r livestock or c s raised k, produce, e ory of livesto , etc. purchas	other resale items		2022 Amount	202	1 Amount
Cash n Sa Co Sa Accrua Sa Be Co En	method: ales of livestod ast or basis of ales of product al method: ales of livestod ginning inven st of livestock ding inventory farm income:	k and other r livestock or c s raised k, produce, e cory of livesto , etc. purchas of livestock,	etc.		2022 Amount	202	1 Amount
Cash n Sa Co Sa Accrua Sa Be Co En Other f	method: ales of livestoc ast or basis of ales of product al method: ales of livestoc ginning inven st of livestock ding inventory farm income: tal cooperative	k and other r livestock or os s raised k, produce, e cory of livesto , etc. purchas of livestock, e distributions	etc.		2022 Amount	202	1 Amount
Cash n Sa Co Sa Accrua Sa Be Co En Other f Tot	method: alles of livestoce ast or basis of alles of product all method: alles of livestoce ginning inventor st of livestoce ding inventor farm income: tal cooperative xable coopera	k and other r livestock or of s raised k, produce, e cory of livesto , etc. purchase of livestock, e distributions tive distributions	etc.		2022 Amount	202	1 Amount
Cash r Sa Co Sa Accrua Sa Be Co En Other f Tot	method: alles of livestoce ast or basis of alles of product all method: alles of livestoce ginning inventory farm income: tal cooperative xable cooperat tal agricultural	k and other r livestock or of s raised k, produce, e cory of livesto , etc. purchase of livestock, e distributions tive distributions	etc.	n CRP)	2022 Amount	202	1 Amount
Cash r Sa Co Sa Accrua Sa Be Co En Other f Tot Tax	method: iles of livestod ist or basis of iles of product iles of livestod ginning inven st of livestock ding inventory farm income: tal cooperative xable coopera tal agricultural	k and other r livestock or of s raised k, produce, e cory of livesto , etc. purchase of livestock, e distributions tive distribution program pay	other resale items otc. ock, etc. etc. ons ments (other than payments (other th		2022 Amount	202	1 Amount
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Employee benefit programs Feed purchased. Fertilizers and lime Freight and trucking. Gasoline, fuel, and oil Insurance (other than health) Mortgage interest (paid to banks, etc.) Other interest (not entered elsewhere) Labor hired. Pension and profit sharing - contributions Pension and profit sharing plans - admin. and education costs Rent - vehicles, machinery, and equipment (not entered elsewhere) Rent - other (land, animals, etc.) Repairs and maintenance Seeds and plants purchased. Storage and warehousing Supplies purchased. Taxes (not entered elsewhere) Utilities. Veterinary, breeding, and medicine	2021 Amount
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Insurance (other than health) Mortgage interest (paid to banks, etc.) Other interest (not entered elsewhere) Labor hired Pension and profit sharing - contributions Pension and profit sharing plans - admin. and education costs Rent - vehicles, machinery, and equipment (not entered elsewhere) Rent - other (land, animals, etc.) Repairs and maintenance Seeds and plants purchased Storage and warehousing. Supplies purchased. Taxes (not entered elsewhere) Utilities. Veterinary, breeding, and medicine Capitalized preproductive period expenses (also enter below)	
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Labor hired. Pension and profit sharing - contributions. Pension and profit sharing plans - admin. and education costs Rent - vehicles, machinery, and equipment (not entered elsewhere) Rent - other (land, animals, etc.) Repairs and maintenance. Seeds and plants purchased. Storage and warehousing. Supplies purchased. Taxes (not entered elsewhere) Utilities. Veterinary, breeding, and medicine Capitalized preproductive period expenses (also enter below)	
Pension and profit sharing - contributions Pension and profit sharing plans - admin. and education costs Rent - vehicles, machinery, and equipment (not entered elsewhere) Rent - other (land, animals, etc.) Repairs and maintenance Seeds and plants purchased Storage and warehousing Supplies purchased. Taxes (not entered elsewhere) Utilities. Veterinary, breeding, and medicine Capitalized preproductive period expenses (also enter below)	
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Supplies purchased. Taxes (not entered elsewhere). Utilities. Veterinary, breeding, and medicine. Capitalized preproductive period expenses (also enter below).	
Taxes (not entered elsewhere) Utilities. Veterinary, breeding, and medicine Capitalized preproductive period expenses (also enter below)	
Utilities	
Veterinary, breeding, and medicine	
Capitalized preproductive period expenses (also enter below)	
Other expenses:	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Partnership and S corporation Information 2022 1040 US 20.1,20.2 Please add, change or delete 2022 information as appropriate. Be sure to attach all Schedule K-1s. **PARTNERSHIP INFORMATION (20.1)** Employer Identification Tax Shelter Additional Amounts Registration Number Name of Partnership Invested in Partnership No. Number **S CORPORATION INFORMATION (20.2)** Employer Identification Tax Shelter Additional Amounts Name of S corporation Registration Number Invested in S corporation No. Number

20.1,20.2

2022	1040 US	Estate or Trust and RE	EMIC Information	20.3,20.4					
EST	Please add, change or delete 2022 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs. ESTATE OR TRUST INFORMATION (20.3)								
No.		me of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number					
110.			Number	Number					
REN	IIC INFORMATION	I (20.4)							
No.		Name of REMIC		Employer Identification Number					
			,						
				20,3,20,4					

2022 1040 US Asset Disposition List 22

If you disposed of any business assets in 2022, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

22

1040

US

Asset Acquisition List

22 _{p2}

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2022, please enter all pertinent information below.

	Depariation of Desarts	Polotod	Preparer Use Only		Date Placed	Cost	Preparer Use Only		
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Method
+-									
									p2

		US	Vehicle Expenses		No 22		
Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.							
GENERAL INFORMATION 2022 Amount 2021 Amount							
Descrip	otion of vehic	le					
			eduction				
			t your deduction				
			y personal use				
			or personal usee than 5% owner				
			se if changed from 100% personal use				
AUT	OMOBIL	E MILEA	AGE				
	-						
		-	year)				
Averag	e daily round	-trip commut	te and a comment of the comment of t				
ACT	UAL EXF	PENSES					
Parking	g fees and tol	ls (business	portion only)				
Gasolin	ne, lube, oil						
Repairs	3						
			30004500				
			I property taxes)				
		-	on car's value)				
			C, E & F)				
			ve)				
Value o	of employer-p	rovided vehic	cle on Form W-2 (2106)				

	•				
-	_		_	_	_
	_	_	_	_	

2022 | 1040

US

Adjustments to Income

24

Please enter all pertinent 2022 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS	2022 Amount	2021 Amount
Taxpayer	r Spouse	Taxpayer Spouse
IRA contributions you made or expect to make		
(1=maximum) (\$6,000/\$7,000 if 50 or older)		
Contributions made to date		
1=covered by plan, 2=not covered		
ROTH IRA CONTRIBUTIONS		
Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)		
Contributions made to date		
SEP, SIMPLE AND QUALIFIED PLANS (KEOG	iH)	
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)		
Defined benefit contributions you expect to make		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)		
Plan contribution rate if not .25 (.xxxx)		
ndividual 401k: SE elective deferrals (except Roth) (1=max.)		
ndividual 401k: SE designated Roth contributions (1=max.)		
Self-employed SIMPLE contributions you made or expect to make (1=maximum)		
Employer matching rate if not .03 (,xxxx)		
1=nonelective contributions (2%)		
Contributions made to date		
ADJUSTMENTS TO INCOME		
Self-employed health insurance:		
Total premiums (excluding long-term care)		
Long-term care premiums		
Student loan interest paid (1098-E, box 1)		
Educator expenses (kindergarten thru grade 12)		
lury duty pay given to employer		
Expenses from rental of personal property		
Other adjustments to income:		
-		
·		
Alimony paid: Taxpayer	Smoulee	
Alimony paid: Taxpayer of divorce or sep. agreement	Spouse	
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid. 2021 amt:		2021
Autouric paid, consenses		2021 amt:

2022 1040 US Itemized Deductions

Please enter all pertinent 2022 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

EDICAL	DENTAL	EXPENSES	

NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2022 Amount	TS	2021 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
nsurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
ong-term care premiums - taxpayer			
ong-term care premiums - spouse			
nsurance reimbursement (enter as a positive number)			
odging and transportation:		1 1	
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			
		11	
-			
FAXES PAID (State and local withholding and 2022 estimates are auto	omatic.)		
State income taxes - 1/22 payment on 2021 state estimate			
State income taxes - paid with 2021 state return extension			
State income taxes - paid with 2021 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/22 payment on 2021 city/local estimate			
City/local income taxes - paid with 2021 city/local extension			
City/local income taxes - paid with 2021 city/local extension		-	
Sity/local income taxes - paid with 2021 city/local return			
SALES AND USE TAXES PAID			
State and local sales taxes (except autos and special items)			
Use taxes paid on 2022 purchases			
Use taxes paid with 2021 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			
bales tax off boats, aircraft, other special items			
OTHER TAXES PAID			
Real estate taxes - principal residence:			
real estate taxes - principal residence.			
		-	
Real estate taxes - held for investment :			
leal estate taxes - Held for investment.			
			
avanual avanuativ tavan (including auto fore in payer state. Describe a serve of tau of the			
ersonal property taxes (including auto fees in some states. Provide a copy of tax notice)			
oreign income taxes			
Other taxes:			

Page 37 US **Itemized Deductions (continued)** 25 p2 2022 1040

me mortgage int. (Box 1) and points (Box 2) reported on Form 1098:	2022 Amount	TS	2021 Amount
Home mortgage interest not reported on Form 1098:			
Payee's name			
Payee's SSN or FEIN			
Payee's street address			
Payee's city			
Payee's state			
Payee's ZIP code			
Payee's region			
Payee's postal code			
Payee's country			
Amount paid			
ints not reported on Form 1098:		- 1	
rtgage insurance premiums on post 12/31/06 contracts (Box 4)			
estment interest (interest on margin accounts):			
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan	home are deductible over this.	e life of	the mortgage.
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the	is. donor maintains a bank reco	rd, or a v	
OTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS OTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution	ns. donor maintains a bank reco date(s), and contribution an	rd, or a v	
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits)	ns. donor maintains a bank reco date(s), and contribution an	rd, or a v	
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DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits)	ns. donor maintains a bank reco date(s), and contribution an	rd, or a v	
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits)	ns. donor maintains a bank reco date(s), and contribution an	rd, or a v	
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OTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS OTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:	ns. donor maintains a bank reco date(s), and contribution an	rd, or a v	
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check: Volunteer expenses (out-of-pocket) Number of charitable miles	donor maintains a bank reco date(s), and contribution am ation):	rd, or a v	written communication
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check: Volunteer expenses (out-of-pocket) Number of charitable miles erans' organizations, fraternal societies, nonprofit cemeteries, and certa	donor maintains a bank reco date(s), and contribution am ation):	rd, or a v	written communication
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check: Volunteer expenses (out-of-pocket) Number of charitable miles	donor maintains a bank reco date(s), and contribution am ation):	rd, or a v	written communication
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check: Volunteer expenses (out-of-pocket) Number of charitable miles erans' organizations, fraternal societies, nonprofit cemeteries, and certa	donor maintains a bank reco date(s), and contribution am ation):	rd, or a v	written communication
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DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check: Volunteer expenses (out-of-pocket) Number of charitable miles erans' organizations, fraternal societies, nonprofit cemeteries, and certa	donor maintains a bank reco date(s), and contribution am ation):	rd, or a v	written communication
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check: Volunteer expenses (out-of-pocket) Number of charitable miles erans' organizations, fraternal societies, nonprofit cemeteries, and certa	donor maintains a bank reco date(s), and contribution am ation):	rd, or a v	written communication
DTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan ASH CONTRIBUTIONS DTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check: Volunteer expenses (out-of-pocket) Number of charitable miles erans' organizations, fraternal societies, nonprofit cemeteries, and certa	donor maintains a bank reco date(s), and contribution am ation):	rd, or a v	written communication

Itemized Deductions (continued)

ORGANIZER Page 38 US **Itemized Deductions (continued)** 2022 1040 25 p3 Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference. **NONCASH CONTRIBUTIONS** NOTE:Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied. 2022 Amount 50% limitation (see above): 30% limitation (see above): 30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS	& JOBS ACT (subject to 2% AGI limit))
Union and professional dues		
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):	.,,	
Investment expense:		
_		
Tax return preparation fee		
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):		

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2022 1040 US Itemized Deductions (continued) 25 p4

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS	2022 Amount	TS	2021 Amount
Estate tax, section 691(c)	25		
Other miscellaneous deductions:	1		
-			
1.			

>			
			
,			
.			
1			
*			
	-		

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Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2022 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
- 2. Total home acquisition debt exceeded \$750,000 at any time during 2022 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2022 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

	2022 Amount	TS	2021 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			
LOAN INFORMATION			
Loan #1			
Lender's name.			
Form (see table)			
Number of form.			
1=taxpayer, 2=spouse, blank=joint		-	
Interest paid.			ELL ELLO ELLO
Points paid.		-	
Total principal paid.		-+-	
		\rightarrow	
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2022			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2022			
Grandfather debt balance - beginning of year			
Loan #2			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2022			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2022			
Grandfather debt balance - beginning of year			
Form			
1 = Schedule A (defaul 2 = Business use of ho 3 = Schedule E			

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Itemized Deductions (continued)

25 _{p5 cont}

Please enter all pertinent 2022 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3	2022 Amount	TS	2021 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2022			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2022			
Grandfather debt balance - beginning of year			
Loan #4			
Lender's name			
Form (see table)			FA LIGHT TO
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2022			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2022			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default) 2 = Business use of home 3 = Schedule E

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Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2022, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

	Name of cha	aritable organization (donee)		
		SS		
	City			
	State			
	ZIP code			
	1=spouse, 2	=joint		
		scription (other than vehicle)		
		Identification number (VIN)		
No.	Vehicle	Year (yyyy)		
	venicle	Make and model		
		Condition and mileage		
	Date of cont	ribution (m/d/y)		
	Date acquire	ed by donor (m/y)		Carried Labor
	How acquire	d by donor (Table 1 or describe)		
		or basis		
		value		
	Method used	I to determine FMV (Table 2 or describe)		
			1	
	Name of char	ritable organization (donee)		
	Street address	ss		
	City			
	State			
	ZIP code			
	1=spouse, 2=	=joint		
	Property desc	cription (other than vehicle)		
		Identification number (VIN)		
No.	Vehicle	Year (yyyy)		
	1 0111010	Make and model		
		Condition and mileage		
	Date of contri	Condition and mileagebution (m/d/y)		
	Date acquired	ibution (m/d/y)		
	Date acquired	bution (m/d/y) d by donor (m/y)		
	Date acquired How acquired Donor's cost	ibution (m/d/y) d by donor (m/y) l by donor (Table 1 or describe)		

1	How Property w	as Acquired	2 Method Used to	Determine FMV
	1 = Purchase 2 = Gift	3 = Inheritance 4 = Exchange	1 = Appraisal 2 = Thrift shop value	3 = Catalog 4 = Comparable sales
			For other methods,	see IRS Pub. 561.

ORGANIZER Page 43 **Business Use of Home (Form 8829)** US 2022 1040 No. 29 Please enter 2022 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only. **BUSINESS USE OF HOME** 2022 Amount 2021 Amount Number of form (e.g., enter 2 for Schedule C number 2) Total hours available (if not 8,760) Area of home included above used exclusively for daycare business, if any (sq ft) % (.xx) or amount of gross income from home if not 100% (-1 if none) % (.xx) or amount of expenses from home if not 100% (-1 if none) INDIRECT EXPENSES NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home. Mortgage interest..... Real estate taxes..... Casualty losses..... Miscellaneous Repairs and maintenance..... Utilities.....aasesessa.... Excess mortgage interest Excess real estate taxes.... Other indirect expenses: DIRECT EXPENSES NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business. Real estate taxes..... Casualty losses..... Miscellaneous..... Repairs and maintenance..... Excess mortgage interest Excess real estate taxes..... Excess casualty losses..... Allowable casualty losses

Other direct expenses:

022	1040	US	Employee/Vehicle Bus. Exp. (Form	n 2106) No.	3
	Please en	ter all pert	inent 2022 amounts. Last year's amounts are pro	ovided for your reference.	
GFI	NERAL IN	FORMAT	TION	•	
Occup	Jation, il diller	ent hom Fom	1 1040		
			C, 2=second, etc.)		
	*				
1=per	formance artis	t, 2=handicap	pped, 3=fee-basis government official		
1=min	ister's expense	s		ALL HELDEN	5 5
EMF	PLOYEE B	BUSINES	S EXPENSES 2022 Amoi	unt 2021 Amount	
Meal of Reimb 1=Dep Local Travel Reimb	expenses from oursements for partment of Tra transportation I expenses whi	sources othe meals not or ansportation ((bus, taxi, tra ile away from t included on	n full. r. than restaurants. N W-2, box 1 80% meal allowance) hin, etc.) home overnight Form W-2, box 1		
15					
1.7					

22	1040	US	Vehicle Expenses (Form	No.	30 _P	
	Please en	ter all pert	inent 2022 amounts. Last year's am	ounts are provided for	your reference.	
VEH	IICLE INF	ORMATI	ON	2022 Amount	2021 Amoun	ł
1=vehi	icle used prim	narily by more	than 5% owner	Bonn Pillouit		TIET S
			personal use			
		-	r personal use		DESCRIPTION OF THE PERSON OF T	
			eduction			
			your deduction			
VEH	IICLE 1					
		lo.				
,						
			58/27256500 - 8			
	-	-	/ear)			
		-	3			NIT OF
			se if changed from 100% personal use			
	-	lls (business p	portion only)			
	expenses:					
Re	pairs					
Tir	es					
Ins	surance					
Au	ıto license (ot	her than perso	onal property taxes)			
Pe	ersonal proper	ty taxes (base	ed on car's value)			
Int	terest (car loa	n) (for Schedi	ule C, E & F)			
Ve	hicle rent or l	ease paymen	ts			
Inc	clusion amour	nt (enter as po	ositive)			
Va	lue of employ	er-provided v	ehicle on Form W-2 (2106)			
VEH	IICLE 2		_			
Descrip	ption of vehic	e	2019313332000000000000000000000000000000			
					The many of the	
Total n	mileage (for th	e tax year).				
Busine	ess mileage					
Comm	uting mileage	(for the tax y	ear)			
			•			733
Numbe	er of months of	of business us	e if changed from 100% personal use			
Parkin	g fees and tol	ls (business p	portion only)			
Actual	expenses:					
Ga	soline, lube,	oil				
Re	pairs					
Tir	es					
ins	surance					
Mis	scellaneous					
Au	to license (otl	ner than perso	onal property taxes)			
			ed on car's value)			
			ıle C, E and F)			
			ts			
			ositive)			
			ehicle on Form W-2 (2106)			

22	1040	US	Foreign Income Excl	usion (Form 2555)	No.	31
			Please enter all pertinent	2022 information.		
GEI	NERAL IN	IFORMA1				
						11/4
			fferent from Form 1040;			

P	ostal code					
C	country		•••••			
Emplo	-					
U.	.S. ZIP code					
			•••••			
						50 100
2	-self 4-forciar	1-loreign en				
			tity, 2=U.S. company, .S. company, 5=other			
			S. company, 5=other			
Er	mployer type, i	f other		Towns remarking and the		
Er	mployer type, i	f other		Tax year revocation was effec	itive	
Er	mployer type, i	f other		Tax year revocation was effec	tive	
Er	mployer type, i	f other		Tax year revocation was effec	itive	
Type o	mployer type, i	f othervoked if revok	ed in earlier year (if applicable):	Tax year revocation was effec	itive	
Type o	mployer type, i	f othervoked if revok	ed in earlier year (if applicable):	Tax year revocation was effec	itive	
Type of Country City ar	mployer type, i of exclusion re-	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa		
Type of Country City ar	mployer type, i	voked if revok	ed in earlier year (if applicable):			
Type of Country City ar	mployer type, i of exclusion re-	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa		
Type of Country City ar	mployer type, i of exclusion re-	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re-	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		
Type of Country City ar advers	mployer type, i of exclusion re- ry of citizenshi nd country of s se living condit	voked if revok	ed in earlier year (if applicable):	Number of days during tax year at sepa foreign address (if applicable) Dates tax home(s) were		

22	1040	US	Foreign Income I	Exclusion (25	55)	No. 31.1
TDA	VEL INF		Please enter all peri	tinent 2022 informa	tion.	
			2022 as well as travel for 2023 k	nown to date		
	el Type (table)		country (if not United States)	Date arrived	Date left	Days in U.S. on business
					-	
BUL	IA FIDE E	DECIDEN	CE TEST AND PHYSI	CAL DDECENC	TECT	
			lence (m/d/y)	40	E IESI	E I SO I STOLE
			ce (m/d/y)			The state of the s
Living or apa	quarters in for	reign country: ted room, 4=c	1=purchased home, 2=rented ho juarters furnished by employer	ouse		
	f family living ab			elationship	Period fai	mily lived abroad
1=subr	nitted stateme	ent to country	of bona fide residence			
1=requ	ired to pay in	come tax to c	ountry of bona fide residence	4.4.4.4.4.		
			h of employment abroad ountry under			
			ment in country (if applicable)			
	s of home in l ving abroad (i		ed		ZIP Code	1=U.S. home rented (if applicable)
	Names	of occupants i	n U.S. home (if applicable)	Relationsh	ip of occupants in U.S.	home (if applicable)
rincip	al country of e	employment				
FOR	EIGN HO	USING E	XPENSES	2022 A	mount	2021 Amount
Locatio	n of housing e	expenses:		Qualifyin	g days in location (multi	ple locations only)
			Tra	vel Type		
			1 = Travel to U	.S. (default)		
			2 = Travel to fo 3 = Travel to re	estricted country		

31.1 p2

ORGANIZER Page 48 Foreign Income Exclusion (Form 2555) 1040 US 2022 No. 31.2 Please enter all pertinent 2022 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference. FOREIGN WAGES, SALARIES, TIPS 2022 Amount 2021 Amount Name or number..... 1=spouse..... 1=retirement plan (Box 13)..... Name of employer (Box c)..... Wages, tips, other compensation (Box 1)

Federal income tax withheld (Box 2)	
Social security tax withheld (Box 4)	
Medicare tax withheld (Box 6)	
State income tax withheld (Box 17)	
Local income tax withheld (Box 19)	
.	
FORFIGN ALL OWANGES REMEDING	
FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER	EARNED INCOME
Noncash Income	
Home (lodging)	
Meals	
Car	
Other properties or facilities:	
Allowances and Reimbursements	
Cost of living and overseas differential	
Family	
Education.	
Home leave.	
Quarters	
Other purposes:	
Other purposes.	
Meals and lodging provided for the convenience of the Employer (excludable under section 119)	
Employer (excludable under section 119)	
A.I	
Other Foreign Earned Income	
	1
2022 Days Worked Allocation Information	
Total number of days worked (if not 240)	
Total days worked before and after foreign assignment	

Foreign days worked before and after foreign assignment

2022 1040 US Health Savings Accounts (8889) 32.1

Please enter all pertinent 2022 amounts & attach all 1099-SA forms.

Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE:Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2022, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$7,050 for self-only coverage or \$14,100 for family coverage.

	2022 Amount		2021 Am	ount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				•
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				
HSA DISTRIBUTIONS				
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

ORGANIZER US Child and Dependent Care Expenses (Form 2441) 1040 2022 33.1.33.2 Please enter all pertinent 2022 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit. 2022 Amount 2021 Amount **DEPENDENT CARE EXPENSES (33.1)** Taxpayer **Spouse Taxpayer** Spouse Dependent care expenses incurred but not paid in 2022 Employer-provided benefits forfeited in 2022 PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT First name..... Last name..... Title or suffix Date of birth (m/d/y)..... No. Social security number..... Qualified dependent care expenses incurred and paid in 2022 2021 amt: 1=disabled..... 1=spouse, 2=joint..... Title or suffix Date of birth (m/d/y) No. Social security number Qualified dependent care expenses incurred and paid in 2022 2021 amt: 1=disabled 1=spouse, 2=joint PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2) Name of provider..... Street address..... City..... ZIP code No. Foreign region Foreign postal code Foreign country Identification number (SSN or EIN) Amount paid to care provider in 2022 ... 2021 amt: 1=spouse, 2=joint.....

1040

US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2022 information. Last year's amounts are provided for your reference.

ELIGIBL	LE CHILDREN	2022 Amount	2021 Amount
No.	Expenses Paid in 2021 and 2022 for adoption finalized in 2022 2022 for adoption finalized before 2022		
	1=spouse, 2=joint		
	-		
No.	First name Last name Identification number Date of birth (m/d/y) 1=born before 2005 and was disabled 1=special needs child 1=foreign child 1=adoption was not final in 2022 Qualified Adoption Expenses Paid in 2021 for adoption not finalized by end of 2022 Prior years for adoption of foreign child finalized in 2022 2021 and 2022 for adoption finalized in 2022 2022 for adoption finalized before 2022 1=spouse, 2=joint		
No.	First name Last name Identification number Date of birth (m/d/y) 1=born before 2005 and was disabled 1=special needs child 1=foreign child 1=adoption was not final in 2022 Qualified Adoption Expenses Paid in Prior years for adoption of foreign child finalized in 2022 2021 and 2022 for adoption finalized in 2022 2022 for adoption finalized before 2022 1=spouse, 2=joint		

ORGANIZER Page 52 2022 1040 US **Education Credits / Tuition Deduction** No. 38 Please complete the information below if you paid qualified education expenses in 2022 for you,

STUDENT INFORMATION		
1=taxpayer, 2=spouse		The Late of the State of the St
First name		
Last name		
Social security number		
Number of years hope credit claimed		
Number of prior years AOC claimed		
l=student was NOT enrolled at least half-time for at least one academic period that began in 2022 (or the first 3 months of 2023 if the qualified expenses were made in 2022) at an eligible institution in a qualified program .		
=student completed first four years of post-secondary education before 2022 =student was convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance		
EDUCATIONAL INSTITUTION ATTENDED (#1)		II.
Name		
Street address		
City.		
State		
ZIP code		
=2022 Form 1098-T was NOT received		
=2022 Form 1098-T received with Box 2 & 7 completed		
=2021 Form 1098-T received with Box 2 & 7 completed		
Federal ID number from Form 1098-T		
EDUCATIONAL INSTITUTION ATTENDED (#2)		
lame		
Street address		
Sity		
State		
IP code		
=2022 Form 1098-T was NOT received		
=2022 Form 1098-T received with Box 2 & 7 completed		
=2021 Form 1098-T received with Box 2 & 7 completed		
ederal ID number from Form 1098-T		
QUALIFIED EDUCATION EXPENSES	2022 Amount	2021 Amount
ualified tuition & fees paid in 2022 (net of refund or assistance, & not entered elsewhere)		
ooks & supplies required to be purchased from institution		
ooks & supplies not entered above		
mount of prior year refund or assistance *		
and of qualified expenses and tax-free educational assistance received after y		

1040

US

Household Employment Taxes (Schedule H)

42

Please enter all pertinent 2022 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE:If you paid any one household employee cash wages of \$2,400 or more in 2022; withheld federal income tax during 2022 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to household employees, please complete the following:

Employer identification number		
Social security, Medicare and income taxes:	2022 Amount	2021 Amount
1=paid any one employee cash wages of \$2,400 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		
Federal unemployment tax:	_	
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/17/23		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state		
Contributions paid to state unemployment fund		

22	1040	US	Parent's Election to Repo	rt Child's Inc.	No.	4
	Ple	ase enter a	Il pertinent 2022 amounts & attach a Last year's amounts are provided f	II 1099-INT and 1099-D	IV forms.	
CHII	LD'S INF	ORMATIC		or your reference.		
		ber				
)				
		leral				
		ite				
INTE	EREST IN	ICOME (F	orm 1099-INT)			
		s, etc. (Box 1):	•	2022 Amount	2021 Amoun	•
IIS M	onde Thille	ota (nontavah	le to state) (Box 3):			
0.5. 0	orius, i-bilis,	etc. (Horitaxab	le to state) (box 3):			
	empt interest					
		al bonds	***************************************			
Adjustr					- H	

			CE23000000000000000000000000000000000000			
			in error)			
Foreign	1:					
			foreign account		Water Name (N)	
			d distribution from foreign trust			Linux
Post 8/	7/86 private a	activity bond in	terest (included above) (6251)			
DIVII	DEND IN	COME (Fo	orm 1099-DIV)		10	
		nds (Box 1a):	•			
TOTAL OF	rairiary arriac	nus (Box Ta).				
-						
Qualifie	ed dividends (Roy 1h)				
		stributions (Box			1	
1010100	apital galli als	on buttons (Box	. 24).		1	
-						
I Inrecai	ntured section	1250 gain (B	ox 2b)		-	
Nontav	ahla dietrikuti	one (Boy 2)				
	empt interest:					
			1			
			0.0000000000000000000000000000000000000			
	e distribution:					
			8			
Cap	ntai gain distr	IDUTIONS				
	permanent fu	na dividende ir	ncluded above			

ORGANIZER				Page 5.
2022	1040	US	Report of Foreign Bank and Financial Accounts	82.1
	Please en	ter all per	tinent 2022 amounts. Last year's amounts are provided for your reference.	

GENERAL INFORMATION	2022 Amount	2021 Amount
Canadian province or Mexican state		Zoz i Amount
Other type of filer.		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		BEET CHETTE HIGH THE TO
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

Accounts owned jointly:

Principal joint owner:

Accounts where filer has no financial interest:

82.1 p2

ORGANIZER 2022 US 1040 Report of Foreign Bank & Fin. Accts. No. Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference. INFORMATION ON FINANCIAL ACCOUNTS 2022 Amount 2021 Amount Type of account: 1=bank account, 2=securities account, or specify Financial institution: Name of institution (Line 2)..... Mailing address..... Account number..... City..... State.....

ZIP/postal code..... Country (if not US)

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)

Last name or org. name (mandatory)..... First name.... Middle initial..... TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.... Address.... City..... State..... ZIP/postal code.... Country (if not US) Filer's title.

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown. Last name..... First name..... Middle initial..... Address.... City..... State..... ZIP/postal code..... Country (if not US).....

22	1040	US	Foreign Reporting (8938))	No.	82.
	Please en	tor all nor	inent 2022 amounts. Last year's an	ounds ous survival of 6		
	1 10030 011	ter all per	inent 2022 amounts. Last year's am	iounts are provided in	or your reference	ł.
FORE	EIGN DEPO	SIT AND C	USTODIAL ACCOUNTS (Part I)			
				2022 Amount	2021 Amou	ınt
			todial			
			n from Form 114			
			not filing Form 114):			
			ing year			
Acc	count number	(mandatory fo	or part I)			
Ma	iling address o	of institution				
City	y of institution					
Sta	te/province of	institution				
Pos	stal code of ins	stitution				
Cou	untry of institut	ion				
1=acco	unt opened du	ring year				
1=acco	unt closed duri	ing year				
1=acco	unt jointly own	ed with spous	ie			
1=no ta	x item in Part	III with respec	ct to this account			
			nvert value to US dollars			
			s maintained			
			xx.xxxx)			
OTHE	R FOREIGN	ASSETS	(Part II)			
Identifyi	ng number or	other designa	tion (mandatory for part II)			
Date as	set acquired di	uring year (m	/d/y)			
			(m/d/y)			
			t to this asset			
			vert value to US dollars		i i mai i i i i	
	currency in wh					
			(X.XXXX)			_
			if stock or interest):			
			99			
			27. POST . POST			

Type of Entity

- 1 = Partnership 2 = Corporation 3 = Trust 4 = Estate

ORGANIZER Page 58 1040 US Foreign Reporting (8938) (continued) 2022 No. 82.2_{p2} Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference. OTHER FOREIGN ASSETS (Part II) (continued) Issuer or counterparty (#1): 1=issuer, 2=counterparty Type of issuer or counterparty (see table 2) Issuer or counterparty: 1=US person, 2=foreign person Mailing address City..... State/province Postal code Issuer or counterparty (#2): 1=issuer, 2=counterparty Type of issuer or counterparty (see table 2) Issuer or counterparty: 1=US person, 2=foreign person Mailing address City..... State/province Postal code Country Issuer or counterparty (#3): 1=issuer, 2=counterparty Type of issuer or counterparty (see table 2) Issuer or counterparty: 1=US person, 2=foreign person Mailing address City..... State/province Postal code Country Issuer or counterparty (#4): 1=issuer, 2=counterparty Type of issuer or counterparty (see table 2) Issuer or counterparty: 1=US person, 2=foreign person Mailing address City..... State/province Postal code Country . 2 Type of Issuer or Counterparty 1 = Individual 2 = Partnership 3 = Corporation 4 = Trust 5 = Estate

ORGANIZER	40.00		Page	5:
2022	1040	US	Additional Information	
Pleas	se furnish	any additio	onal information or supporting details not provided elsewhere in this tax organizer.	
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				•
				e.
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