Client Info	Filin	ng Status	Marital Status Change
Prior Client New	Single	Married Filing Joint	None Got Married
New Clients Only	Head of H	ousehold	Divorced Separated
Prior Yr Attached? Y N	Married b	ut Separate	Event
Efile (Default) Paper		Spouse's Information in the ormation Section Below)	Date
State Return Info	Additional Re	eturns that need filed?	Banking Information
Full Year St:	Y N		Direct Deposit? Checking
			Savings
Part Year State Res Dates: to	County		Routing #
Mo Day Mo Day Part Year State			
Res Dates: to to	School		Acct # Or attach a voided check
Personal Information	1		
Taxpayer	Last Name	SSN	Birth Date Date of Death
Check if claimed as dependent on a Spouse	nother return, such as a Parent Name (if Different)	or your Parents. SSN	Birth Date Date of Death
Check here if address changed from last	year		
Home Street Add	ress	Apt # Unit # Zip 0	Code City
State County		School District	Contact Phone
Income D	efault answer is NO, check al		ns refer to both Taxpayer and Spouse
1 Wages	Forms to Attach # Attached W2's	9 State Income Tax Refu	nd last year? \$ (New Clients
2 Taxable Interest or Dividend Income?		10 Cancellation of Debt?	(1099-A or 1099-C)
3 Have any Business or Rental Income	2 Use Business Income		bank accounts or foreign income?
Income from Estates, Trusts, Partners	Worksheet	Receive payments from	
Corps? 5 Social Security Benefits or Railroad R	(•••••••)	12 insurance contract? 13 Did you receive or pay a	(Pre 2019 Only, later
Benefits?6 Sell or exchange any securities/ invest	(Brokerage Stmt-	14 Gambling Winnings?	Attached W2-G's
 Receive a distribution from a IRA, Re 	1099-15)		Duty, Awards Prizes, Unreported Tips,
Pension Plan? 8 Make IRA Distrib. Directly to \$			Cash, Etc)
Charity? Known as a Qualified Charitable		16 Unemployment or Disab	
Chown as a Qualified Charitable Distribution (QCD)	Amount Transfer Compa	ny 17 HSA Distribution?	Attached 1099-SA

Dependent Questions

Page 2

Dependents	Prior Clients, Dependents the same as last year, Check this box →				Prior Clients adding New Dependents, Check this box \rightarrow					Clients, if Do last year, C	•		m		
First Name	La	st Name (If Different)	Birth Date	e		SSN			Relation- ship	# of Mos. Lived With	lf In X	College Yr	10 Y)98	-T N

Dependents in	n College				P	reparer Use Only	ý
Dependent	Colleg	e Name	City	State	Tuition Pd-Bx 1	Grants/Sch-Bx 5	Net Tuition

Dependent Care							
Name of DayCare Provider	Street Name	City	St	Zip	SSN or Employer ID	Amount Paid	W2-Box 10

College 529 Plan Name of Accont Holder Relationship Date Contributed Amount Contributed Forrestate Image: Imag

Notes:

Income Questions

Income	Default answer is NO, check all that apply	Questions refer to both Taxpayer and Spouse								
Social Security-1099 SSA										

	Social Security-1039 SSA										
	Box 5(Net Benefits)	Part B	Part D	Ttl B&D	Tax Box 6						
т											
s											

	Unemployment 1099-G										
	Amount	Federal Tax	State Tax	Name of State							
тр											
SP											

									Other Income	\$ Amount
Alimony Received		Alimony Paid	Receipent's SSN		De	ecre	e Date			\$
\$		\$								\$
				-						
17 <u>"Rollover</u> or <u>"Exchange"</u> any Life, Annuity or Retirement Plan into another? 18 <u>"Convert"</u> Qualified Money to a Roth IRA ? below										

R	Е	С	-	vner SP	Transferring Company-Form 1099-R	Receiving Company	Total Received	Transfer/Converted	Amount Kept

R=Rollover, E=Exchange, C=Conversion To Roth IRA

Sales / Exchanges		Attach Any Closing Statements or Other Information Received									
19 Sell your Main home? 20 Sell a business, rental	Live there 2 of last 5 yrs?	MoDay Yr Cos Acquired	t Upgrades	MoDay Yr Sold	Sales Price	Profit > 250K if Y N Single, 500K Married?					
Closing Stmt Y N TP SP JT	Description of A	sset Sold	Date Acquired Mo Day Yr	Cost Basis	Date Sold Mo Day	Sales Price					

Notes:

	P	Preparer U	se Only		Preparer Notes
Capital Los st	ss Carryovers	from previ	ous years?	2023 Gain/Loss	
Prev 2020	ious Yrs. Pensi 2021	ion/Roth Dis 2022	strib. Total	Pens/Roth Dist 2023	
	tate Tax Refur mized & Deduct St				

Deductions, Credits, Adjustments & Payments

Y N Medical Expense	If so, need to a Premiums ded Contribute to HSA Contribut	rough the Insu attach Form 10 lucted on a Pre Health Savings ions TP \$	rance Exchange? 195A, is it attache e-Tax basis thru \	ed? Work? \$	Adjustments to Income IRA Contribution Roth IRA Contr Y N Preparer Use Only TP SP TP SP TP Coverd by Pension Plan TP SP TP SP Coverd by Pension Plan SEP IRA Contr Educator Expense S300 Deduction Check if TP SP TP SP TP SP
Medical	NON PRE	TAXED PREMI	UMS ONLY	Total	Tax Credits: Solar, Electic Cars, Energy Efficient Home Upgrades
Insurance	Medical Ins	Dental/Vision	Med Supp	Premiums	Preparer Use Only If wanting to take any of these credits, we will need copies
Taxpayer					SE Health of the original paperwork showing cost breaksdown of each
Spouse					Bus item, purchase date and dates of installation. If Electic car, Profit need VIN, copy of sticker price and purchase agreement.
Medicare					
	Part B	Part C	Part D-Drug	Total Medicare	Notes:
Taxpayer					
Spouse					
LTC	<u> </u>				
	Compa	ny	Policy #	Premium	Federal / State Estimated Tax Payments
Taxpayer					1 Applied 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
Spouse					\$
					Date Paid Date Paid Date Paid Date Paid Fed Total
Taxes					
Property				Total RE Tax	Mo Day Mo Day Mo Day Mo Day
Toperty	Home	2nd Home	All Others	Total Face	① Applied 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
Auto Lic. Fees				Total Fees	\$
rees	Vehicle 1	Vehicle 2	All Others		Date Paid Date Paid Date Paid State Total
	1				Mo Day Mo Day Mo Day Mo Day
Interest				Total Interest	(1) Applied is refund applied from last year's return
Mortgage Interest	1st Mortgage	2nd Mortgage	Points		Y N Fed St
	13t WOItgage	2 nu wortgage	Points		Apply this yr's refunds to next yr's 1st Qtrly Est.?
Charity	1				Want Estimate Vouchers for next year? Fed St State
Miles				Total Charity	If made Estimates in 2022, keep the same for 2023?
	Church	All Others	Goodwill		I want to change or start Estimates in 2023
Y N	Do you have	proof of all Cha	ritable Contributi	ons?	If changing amount for 2023, explained income differences in notes below
Notes:					Notes:

Worksheet for Schedule C - Business Income					Schedule E - Rental Income								
								Pror	erty 1	Pr	roperty 2	Prop	erty 3
					Gra		ntc					1100	
Business Name	Employe		er ID #		Gross Rents								
				Advertising									
Owner TP SP	1099 NEC Forms Recv		v \$Amount		Miles								
1st Yr In Bus Y N			Cleaning										
	Payer					nmissi	ons						
Gross Income	Payer					irance							
	Payer					al/Pro							
Sales Tax Included? Y N	Payer						ient Fee	es					
	Payer					-	Mortga						
Cost of Goods Sold	Payer				Interest-Other								
]	Payer				Rep								
Beg Inventory	Payer				-	plies							
Purchases	Payer				-	es-Pro	pertv						
EOY Inventory	Payer				Utilities								
	Payer				Trav			-					
Cost of Goods	Payer									-			
Expenses	\$ Amount		Notes										
Advertising									-			-	
Commissions				_				Stree	et Address		City	St	Zip
Contract Labor				_	Pro	op 1 Ad	ldress:						
Employee Benefits				_	Pro	op 2 Ad	ldress:						
Bus/Liab. Insurance-(NOT Health)					Pro	op 3 Ac	ldress:						
Insurance (Group Health)													
Self Employed Health Ins.				Ass					g the Ye	ar			
Interest- Business Mortgage	Asset Desc			on	Trade F Service Cash or Trade F				r Trade Price	ce Asset Traded			
Interest - Operating										_			
Legal and Prof Fees													
Office Expense													
Office Phone													
Phone-Cell x%													
Rent				•					(1)/				
Repairs				1	Sales of Assets during the Y							Adjust	ed Basis
Supplies		Asse	Description	Date 9	Sold	Sales	Price	Purchased	Purchase F	Price	Depr Allowed	-	rer use)
Taxes, Licenses, Permits													
Taxes-Sales (if in Gross Sales)													
Taxes- Property		Miles	no Information			lok!		orm of the			Actual Free	0000	
Taxes- Payroll		willea	ge Information	1	_	venic	ie info	ormatio	-		Actual Exp		
Travel-Airline											el Cost		_
Travel-Motels		Bu	siness Miles	-	-	Vohid		scription	-		pairs		
# Nights Out									Ins/Lic				
Meals/Entertain			Total Miles	-	-	Data	in Son	vico	-		erest		
Utilities						Date in Service				Tolls/Park			
Wages-Gross	Busine		ess %		Vehicle Cost			-	Washes				
Other Expenses-List													
CLIFF EXPONDED EIGT		Other N	otes:			В	Jsine	ss Use	of Your	Но	me -Sch C	Only	,
						Office S		Home			pairs	y	
					.	Rent	·	SqFt			% Office		—
							oract				lites		—
						Mtg Int Prop Ta					use Ins		-
					1	Top 1	4462			וסרי	uot III5		—

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Additional Information

Nan	ne: