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## **2022 TAX ORGANIZER**

**T  
O**

**This tax organizer has been prepared for your use in gathering the information needed for your 2022 tax return.**

**To save you time, selected information from your 2021 tax return has been entered in this organizer. Please line through any information that does not apply to your 2022 tax return.**

**In some cases, 2021 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**F  
R  
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M**

## **2022 TAX ORGANIZER**

**T  
O**

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

|                           |             |
|---------------------------|-------------|
| <b>Taxpayer Signature</b> | <b>Date</b> |
| <b>Spouse Signature</b>   | <b>Date</b> |

# Topic Index

1

|  | <u>Form</u>  |  | <u>Form</u> |
|--|--------------|--|-------------|
| Alimony Paid or Received .....                                   | 13           | Gambling Winnings .....                                      | 21          |
| Annuity Payments Received .....                                  | 9A           | Gifts .....  | 34, 35      |
| Application of Refund .....                                      | 20           | Health Savings Accounts .....                                | 13A         |
| Business Income and Expenses .....                               | 6, 6A        | Household Employment Taxes .....                             | 19          |
| Business Use of Home:  |              | Installment Sale Receipts .....                              | 7           |
| Business .....   | 6D           | Interest Income .....  | 5A          |
| Employee Business Expenses .....                                 | 17B          | Interest Paid .....  | 14A         |
| Farm .....   | 12E          | Investment Interest Expense .....                            | 14A         |
| Itemized Deductions .....  | 16A          | IRA Contributions .....                                      | 9           |
| Passthrough .....  | 11B          | IRA Distributions .....                                      | 9           |
| Rental .....   | 10E          | Keogh Plan Contributions .....                               | 9A          |
| Calendar .....   | 33           | Medical and Dental Expenses .....                            | 14          |
| Casualty or Theft Losses .....                                   | 16           | Miscellaneous Income and Adjustments .....                   | 13          |
| Child and Dependent Care Expenses .....                          | 18           | Miscellaneous Itemized Deductions .....                      | 16          |
| Consolidated Brokerage Statements:                               |              | Mortgage Interest Paid .....                                 | 14A         |
| Interest Income & Foreign Information .....                      | 5E           | Moving Expenses .....  | 8           |
| Dividend Income & Foreign Information .....                      | 5F           | Partnership Income .....                                     | 11          |
| Sales of Stocks, Securities, Capital Assets & Misc. Income ..... | 5G           | Pension Income .....   | 9A          |
| Contributions .....  | 15           | Personal Information .....                                   | 3           |
| Dependent Information .....                                      | 3A           | Railroad Retirement Benefits .....                           | 13          |
| Depreciable Property and Equipment:                              |              | Real Estate Mortgage Investment Conduit Income (REMIC) ..... | 11          |
| Business .....   | 6A           | Rental and Royalty Income and Expenses .....                 | 10, 10A     |
| Employee Business Expenses .....                                 | 17A          | Roth IRA Contributions/Conversions .....                     | 9           |
| Farm .....   | 12B          | S Corporation Income .....                                   | 11          |
| Rental and Royalty .....   | 10B          | Sale of Stock, Securities and Other Capital Assets .....     | 7           |
| Direct Deposit Information .....                                 | 4A           | Sale of Your Home .....                                      | 8           |
| Dividend Income .....  | 5B           | Savings Bond Purchases .....                                 | 4B          |
| Education Expenses .....   | 18           | SEP/SIMPLE Plan Contributions .....                          | 9A          |
| Educator (Teacher) Expenses .....                                | 13A          | Social Security Benefits .....                               | 13          |
| Electronic Filing .....  | 4            | State and Local Tax Refunds .....                            | 13          |
| Employee Business Expenses .....                                 | 17, 17A      | Student Loan Interest .....                                  | 13A         |
| Estate Income .....  | 11           | Taxes Paid .....   | 14          |
| Farm Income and Expenses .....                                   | 12, 12A, 12B | Trust Income .....   | 11          |
| Federal, State and City Estimated Taxes .....                    | 20, 20A      | Unemployment Compensation .....                              | 13          |
| Foreign Assets .....   | 5C, 5D       | Vehicle/Other Listed Property Information:                   |             |
| Foreign Employment Information .....                             | 30, 30A, 30B | Business .....   | 6B, 6C      |
| Foreign Housing Expenses .....                                   | 30C          | Employee Business Expenses .....                             | 17A         |
| Foreign Taxes .....  | 32           | Farm .....   | 12C, 12D    |
| Foreign Travel and Workdays .....                                | 30D          | Rental and Royalty .....                                     | 10C, 10D    |
| Foreign Wages and Other Income .....                             | 31, 31A, 31B | Partnership/S Corporation .....                              | 11A         |
|  |              | Wages and Salaries .....                                     | 3A          |



# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

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

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

**Personal Identification Numbers:** Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit [IRS.gov](https://www.irs.gov) to retrieve it or apply.

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
|    |       |      |      |     |
|    |       |      |      |     |

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



# Dependents and Wages

### Dependent Information:

|   | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A |                        |           |                        |                          |                          |                          |
| B |                        |           |                        |                          |                          |                          |
| C |                        |           |                        |                          |                          |                          |
| D |                        |           |                        |                          |                          |                          |
| E |                        |           |                        |                          |                          |                          |
| F |                        |           |                        |                          |                          |                          |
| G |                        |           |                        |                          |                          |                          |
| H |                        |           |                        |                          |                          |                          |

Did dependent have income over \$4,400?



|   | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A |                           |               |           |                         |
| B |                           |               |           |                         |
| C |                           |               |           |                         |
| D |                           |               |           |                         |
| E |                           |               |           |                         |
| F |                           |               |           |                         |
| G |                           |               |           |                         |
| H |                           |               |           |                         |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

### Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld |             |          |       |       |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
|    |                 |               | Federal      | FICA/TIER 1 | Medicare | State | Local |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |



2022

# Dependents

3A

## Dependent Information:

|   | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A |                        |           |                        |                          |                          |                          |
| B |                        |           |                        |                          |                          |                          |
| C |                        |           |                        |                          |                          |                          |
| D |                        |           |                        |                          |                          |                          |
| E |                        |           |                        |                          |                          |                          |
| F |                        |           |                        |                          |                          |                          |
| G |                        |           |                        |                          |                          |                          |
| H |                        |           |                        |                          |                          |                          |

Did dependent have income over \$4,400?



|   | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A |                           |               |           |                         |
| B |                           |               |           |                         |
| C |                           |               |           |                         |
| D |                           |               |           |                         |
| E |                           |               |           |                         |
| F |                           |               |           |                         |
| G |                           |               |           |                         |
| H |                           |               |           |                         |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---



# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? |  | <b>Yes</b>               | <b>No</b>                |
| Taxpayer .....                                  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse .....                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2021, your account information is already included below.

|   |                          |                          |
|---|--------------------------|--------------------------|
| Would you like any refunds owed to you directly deposited? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____  |                          |                          |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)                                  |                          |                          |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____  |                          |                          |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)                                  |                          |                          |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.           |                          |                          |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes     No

Account owner     Taxpayer     Spouse     Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.   

|   |                          |                          |
|---|--------------------------|--------------------------|
| Would you like any refunds owed to you directly deposited? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____  |                          |                          |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)                                  |                          |                          |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____  |                          |                          |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)                                  |                          |                          |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.           |                          |                          |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes     No

Account owner     Taxpayer     Spouse     Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.





2022

# Interest Income

**5A**

**Interest Information:**

**Include copies of all Forms 1099-INT or other documents for interest received**

Tax-Exempt Interest Code:    1 - 1099-INT    2 - Private Activity Bond    3 - Both

| TSJ          | Name of Payer | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | 2021 Interest Amount |
|--------------|---------------|-----------------|----------------------------|------|---------------------|----------------------|
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
|              |               |                 |                            |      |                     |                      |
| <b>Total</b> |               |                 |                            |      |                     |                      |

**Seller-Financed Mortgage Interest Information:**

| Name of Individual from Whom Mortgage Interest Was Received | Identification Number of Individual | 2022 Interest Amount | 2021 Interest Amount |
|---|-------------------------------------|----------------------|----------------------|
|   |                                     |                      |                      |

  

|  |
|--|
| Address of Individual from Whom Mortgage Interest Was Received |
|  |

**Enter Any Additional Information:**

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

**Note: List all items sold during the year on Form 7.**



# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ          | Name of Payer | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | Box 2a<br>Total Capital<br>Gain Distribution | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A            |               |                                       |                                  |  |  |
| B            |               |                                       |                                  |  |  |
| C            |               |                                       |                                  |  |  |
| D            |               |                                       |                                  |  |  |
| E            |               |                                       |                                  |  |  |
| F            |               |                                       |                                  |  |  |
| G            |               |                                       |                                  |  |  |
| H            |               |                                       |                                  |  |  |
| I            |               |                                       |                                  |  |  |
| J            |               |                                       |                                  |  |  |
| K            |               |                                       |                                  |  |  |
| L            |               |                                       |                                  |  |  |
| M            |               |                                       |                                  |  |  |
| N            |               |                                       |                                  |  |  |
| <b>Total</b> |               |                                       |                                  |  |  |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code         | Tax-Exempt<br>Interest | 2021 Gross<br>Dividends<br>Amount |
|--------------|------------------------|-----------------------------------|
| A            |                        |                                   |
| B            |                        |                                   |
| C            |                        |                                   |
| D            |                        |                                   |
| E            |                        |                                   |
| F            |                        |                                   |
| G            |                        |                                   |
| H            |                        |                                   |
| I            |                        |                                   |
| J            |                        |                                   |
| K            |                        |                                   |
| L            |                        |                                   |
| M            |                        |                                   |
| N            |                        |                                   |
| <b>Total</b> |                        |                                   |

## Enter Any Additional Information:

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

Note: List all items sold during the year on Form 7.



2022

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ ..... \_\_\_\_\_  
 Title of filer ..... \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts ..... \_\_\_\_\_

## Foreign Identification:

|                   |     |    |
|-------------------|-----|----|
| Passport .....    | Yes | No |
| Foreign TIN ..... |     |    |

If not passport or TIN, enter description .....

Number .....

Country of issue .....

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|
| A            |                                 |                       |                |                            |
| B            |                                 |                       |                |                            |

| Street Address | City |
|----------------|------|
| A              |      |
| B              |      |

| State | ZIP/Postal Code | Country | GIIN |
|-------|-----------------|---------|------|
| A     |                 |         |      |
| B     |                 |         |      |

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

| Last Name or Organization Name | First Name | Middle Initial | Suffix | Taxpayer ID Number |
|--------------------------------|------------|----------------|--------|--------------------|
| A                              |            |                |        |                    |
| B                              |            |                |        |                    |

| # of Joint Owners | Street Address | City |
|-------------------|----------------|------|
| A                 |                |      |
| B                 |                |      |

1 - No financial interest    1B - No financial interest - US person, officer or employee, residing outside US    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

| State | ZIP/Postal Code | Country | Ownership Code | Filer's Title |
|-------|-----------------|---------|----------------|---------------|
| A     |                 |         |                |               |
| B     |                 |         |                |               |

1 - Deposit    2 - Custodial

| Type | Foreign Currency | Exchange Rate | Source of Exchange | Acct Open | Acct Closed | Joint | No Tax Items Reported |
|------|------------------|---------------|--------------------|-----------|-------------|-------|-----------------------|
| A    |                  |               |                    |           |             |       |                       |
| B    |                  |               |                    |           |             |       |                       |



# Foreign Assets

### Asset Information:

| Description | Identifying Number | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Jointly Owned | No Tax Items Reported |
|-------------|--------------------|--------------------------|----------------------|---------------|-----------------------|
|             |                    |                          |                      |               |                       |

  

| Value | Foreign Currency | Exchange Rate | Source of Exchange Rate |
|-------|------------------|---------------|-------------------------|
|       |                  |               |                         |

### If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

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

| Name of Foreign Entity | Type of Foreign Entity | Mailing Address of Foreign Entity |
|------------------------|------------------------|-----------------------------------|
|                        |                        |                                   |

| City or Town of Foreign Entity | Province, County or State of Foreign Entity | Country of Foreign Entity | Postal Code of Foreign Entity | GIIN |
|--------------------------------|---|---------------------------|-------------------------------|------|
|                                |   |                           |                               |      |

### If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

| Name of Issuer | Issuer Code | Type of Issuer | Residence of Issuer |
|----------------|-------------|----------------|---------------------|
|                |             |                |                     |
|                |             |                |                     |

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

| Mailing Address of Issuer | City or Town of Issuer |
|---------------------------|------------------------|
|                           |                        |
|                           |                        |

| Province, County or State of Issuer | Country of Issuer | Postal Code of Issuer |
|-------------------------------------|-------------------|-----------------------|
|                                     |                   |                       |
|                                     |                   |                       |

Foreign assets were acquired or sold during the tax year .....  Yes  No

### Foreign Bank Accounts and Trusts:

At any time during 2022, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? .....

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2022, whether or not you had any beneficial interest in it? .....



2022

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2022:

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you dispose of this business? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr)  |                          |                          |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____   | <input type="checkbox"/> | <input type="checkbox"/> |

|   | 2022 Amount | 2021 Amount |
|---|-------------|-------------|
| Health insurance premiums paid for yourself and your dependents _____ |             |             |

### Income:

Payment card and third party transactions:  Include all Forms 1099-K

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income:  Include all Forms 1099-MISC and 1099-NEC

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

### Other Income:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

|   | 2022 Amount | 2021 Amount |
|---|-------------|-------------|
| Beginning inventory _____                                     |             |             |
| Purchases less cost of items withdrawn for personal use _____ |             |             |
| Cost of labor (do not include amounts paid to yourself) _____ |             |             |
| Materials and supplies _____                                  |             |             |

### Other costs of goods sold:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Ending inventory \_\_\_\_\_



2022

# Business Expenses and Property & Equipment

6A

Name of Business: .....

Principal Business or Profession: ....

**Expenses:**

Advertising .....

Car and truck expenses .....

Parking fees and tolls .....

Commissions and fees .....

Contract labor .....

Employee benefit programs and health insurance (other than pension and profit-sharing plans) .....

Insurance (other than health) .....

Interest - mortgage (paid to banks, etc.) .....

Interest - other .....

Legal and professional fees .....

Office expense .....

Pension and profit-sharing plans .....

Rent or lease - vehicles, machinery and equipment .....

Rent or lease - other business property .....

Repairs and maintenance .....

Supplies (not included in Cost of Goods Sold) .....

Taxes and licenses .....

Travel .....

Meals .....

Entertainment (deductible only on some state returns) .....

Utilities .....

Wages .....

Dependent care benefits .....

| 2022 Amount | 2021 Amount |
|-------------|-------------|
|             |             |
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**Other Expenses:**

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
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Property and Equipment:

| X if not new | Acquisitions - Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|----------------------------|--------------------------|------|
|              |                            |                          |      |
|              |                            |                          |      |
|              |                            |                          |      |

  

| Dispositions - Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|----------------------------|--------------------------|------|----------------------|---------------|
|                            |                          |      |                      |               |
|                            |                          |      |                      |               |
|                            |                          |      |                      |               |



# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2022:

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### If you are an employer who provides vehicles for use by employees:

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours? .....

| Vehicle 1  |             |
|--|-------------|
| Description of vehicle .....   |             |
| Date placed in service ..... (Mo/Da/Yr)  |             |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Was your vehicle available for use during off-duty hours? .....  |             |
| 2022 Miles   | 2021 Miles  |
|  |             |
|  |             |
|  |             |
|  |             |
| 2022 Amount  | 2021 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |

| Vehicle 2  |             |
|--|-------------|
| Description of vehicle .....   |             |
| Date placed in service ..... (Mo/Da/Yr)  |             |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Was your vehicle available for use during off-duty hours? .....  |             |
| 2022 Miles   | 2021 Miles  |
|  |             |
|  |             |
|  |             |
|  |             |
| 2022 Amount  | 2021 Amount |
|  |             |
|  |             |
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|  |             |

### Mileage:

Total miles .....

Total business miles .....

Business miles after June 30 .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



# Business Use of Home

**Name of Business:** \_\_\_\_\_

**Principal Business or Profession:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

|  | 2022 | 2021 |
|--|------|------|
| Square footage of home used exclusively for business .....   |      |      |
| Total square footage of home .....                           |      |      |
| Total hours home was used for day care during the year ..... |      |      |

Was your home used for day care purposes for the entire year? ..... 

|     |
|-----|
| Yes |
|     |

|    |
|----|
| No |
|    |

Were improvements made to the home and/or home office since the time you began using the home for business? ..... 

|     |
|-----|
| Yes |
|     |

|    |
|----|
| No |
|    |

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|   | Direct Expenses |             | Indirect Expenses |             |
|---|-----------------|-------------|-------------------|-------------|
|   | 2022 Amount     | 2021 Amount | 2022 Amount       | 2021 Amount |
| Casualty losses .....                       |                 |             |                   |             |
| Deductible mortgage interest paid to:       |                 |             |                   |             |
| Financial institutions .....                |                 |             |                   |             |
| Individuals .....                           |                 |             |                   |             |
| Real estate taxes .....                     |                 |             |                   |             |
| Insurance .....                             |                 |             |                   |             |
| Qualified mortgage insurance premiums ..... |                 |             |                   |             |
| Repairs and maintenance .....               |                 |             |                   |             |
| Utilities .....                             |                 |             |                   |             |
| Rent .....                                  |                 |             |                   |             |

**Other Expenses:**

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2022 Amount     | 2021 Amount | 2022 Amount       | 2021 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
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|             |                 |             |                   |             |

**Seller-Financed Mortgage Interest Information:**

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |





# Sales of Stocks, Securities, Capital Assets & Installment Sales

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Mutual fund transactions .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of gains in a qualified opportunity fund .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any investments in qualified opportunity funds .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years .....   | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A   |                                  |          |                          |                      |
| B   |                                  |          |                          |                      |
| C   |                                  |          |                          |                      |
| D   |                                  |          |                          |                      |
| E   |                                  |          |                          |                      |
| F   |                                  |          |                          |                      |
| G   |                                  |          |                          |                      |
| H   |                                  |          |                          |                      |

|   | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A |                                      |                     |                      |                    |
| B |                                      |                     |                      |                    |
| C |                                      |                     |                      |                    |
| D |                                      |                     |                      |                    |
| E |                                      |                     |                      |                    |
| F |                                      |                     |                      |                    |
| G |                                      |                     |                      |                    |
| H |                                      |                     |                      |                    |

**Installment Sales:** Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2022 Principal Received | 2021 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |



# Sale of Your Home and Moving Expenses

## Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

### Former Home Information:

TSJ ..... \_\_\_\_\_  
 Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date sold ..... (Mo/Da/Yr) \_\_\_\_\_  
 Selling price ..... \_\_\_\_\_

### Original Cost and Cost of Improvements:

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No  
 If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No  
 If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No  
 Enter reimbursements not included in wages on your Form W-2 \_\_\_\_\_

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

### Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) .....  
 Number of miles from old home to old workplace (applicable only on some state returns) .....  
 Number of automobile miles in move before July 1, 2022 .....  
 Number of automobile miles in move after June 30, 2022 .....

| Miles |
|-------|
|       |
|       |
|       |
|       |

### Transportation Expenses:

Costs of transportation of household goods and personal effects .....  
 Costs of travel and lodging (do not include meals or automobile expenses) .....  
 Automobile expenses (gasoline, oil, etc.) .....  
 Meals (Pennsylvania only) .....

| Amount |
|--------|
|        |
|        |
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|        |



# Individual Retirement Account (IRA) Information

**Individual Retirement Account (IRA):** Include all copies of Forms 1099-R and 5498.

TS .....

**IRA Questions for 2022:**

- Are you covered by an employer's retirement plan? .....
- If no, is your spouse covered by an employer's retirement plan? .....
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....
- Did you use any IRA as security for a loan this year? .....
- Did you have any transactions with any IRA during the year? .....
- If Yes, explain. \_\_\_\_\_

| Yes | No |
|-----|----|
|     |    |
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**IRA Values, Rollovers, and Distributions:**

- Total value of all traditional IRAs on December 31, 2022 .....
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2022 .....
- Total distributions converted to Roth IRAs .....
- Total retirement plans converted to Roth IRAs .....

**Contributions:**

- IRA:
- Contributions in 2022 for the 2022 tax return .....
- Contributions in 2023 for the 2022 tax return .....
- Amount for 2022 you choose to be treated as nondeductible .....
- Roth IRA:
- Contributions made for the 2022 tax year .....

**Distributions:** Include all Forms 1099-R and any nontaxable distribution details

| Name of Payer | 2022 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2021 Gross Distributions |
|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
|               |                          |                |                      |                    |                     |                          |
|               |                          |                |                      |                    |                     |                          |
|               |                          |                |                      |                    |                     |                          |
|               |                          |                |                      |                    |                     |                          |
|               |                          |                |                      |                    |                     |                          |
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|               |                          |                |                      |                    |                     |                          |
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|               |                          |                |                      |                    |                     |                          |
|               |                          |                |                      |                    |                     |                          |
|               |                          |                |                      |                    |                     |                          |
|               |                          |                |                      |                    |                     |                          |



# Pension, Annuity and Retirement Plan Information

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2022 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2021 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

| Taxpayer |    | Spouse |    |
|----------|----|--------|----|
| Yes      | No | Yes    | No |
|          |    |        |    |
|          |    |        |    |

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

| 2022 Amount | 2022 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |



# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ . . . . . \_\_\_\_\_

Type of property . . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099?  Yes  No

Ownership percentage if not 100% . . . . . \_\_\_\_\_ %

How many days was this property rented at fair market value? . . . . . \_\_\_\_\_

How many days was this property used personally (including use by family members)? . . . . . \_\_\_\_\_

| 2022 | 2021 |
|------|------|
|      |      |
|      |      |
|      |      |

**Income:**

Rents received . . . . . \_\_\_\_\_

Royalties received . . . . . \_\_\_\_\_

| 2022 Amount | 2021 Amount |
|-------------|-------------|
|             |             |
|             |             |

Payment card and third party transactions:  Include all Forms 1099-K

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income:  Include all Forms 1099-MISC

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Other income:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |



2022

**Rental and Royalty Expenses**

10A

Location of Property: \_\_\_\_\_

**Expenses:**

Advertising .....  
 Auto and travel .....  
 Cleaning and maintenance .....  
 Commissions .....  
 Insurance .....  
 Legal and other professional fees .....  
 Management fees .....  
 Mortgage interest paid to banks, etc. ....  
 Mortgage interest paid to individuals .....  
 Other interest .....  
 Repairs .....  
 Supplies .....  
 Taxes .....  
 Utilities .....  
 Dependent care benefits .....  
 Employee benefits .....  
 Other Expenses:

| 2022 Amount | 2021 Amount |
|-------------|-------------|
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| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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|             |             |             |



# Rental and Royalty Property and Equipment & Depletion

Location of Property: \_\_\_\_\_

Property and Equipment:  Include a list if more space is needed

**Acquisitions:**

| X if not new | Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|-------------|--------------------------|------|
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |

**Dispositions:**

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|--------------------------|------|----------------------|---------------|
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
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|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |

**Percentage Depletion Information:**

| Production Type | Royalty Income |             |
|-----------------|----------------|-------------|
|                 | 2022 Amount    | 2021 Amount |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
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|                 |                |             |
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|                 |                |             |
|                 |                |             |



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

**Listed Property Questions for 2022:**

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you are an employer who provides vehicles for use by employees:**

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Vehicle:**

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

| Vehicle 1  |             |
|--|-------------|
|  |             |
|  |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 2022 Miles   | 2021 Miles  |
|  |             |
|  |             |
|  |             |
|  |             |
| 2022 Amount  | 2021 Amount |
|  |             |
|  |             |
|  |             |
|  |             |

| Vehicle 2  |             |
|--|-------------|
|  |             |
|  |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 2022 Miles   | 2021 Miles  |
|  |             |
|  |             |
|  |             |
|  |             |
| 2022 Amount  | 2021 Amount |
|  |             |
|  |             |
|  |             |
|  |             |

**Mileage:**

Total miles .....

Total business miles .....

Business miles after June 30 .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....





# Rental and Royalty Business Expenses

Location of Property: \_\_\_\_\_

Business Expenses: Enter all expenses at 100 percent

If not 100%, enter the percentage to apply to this business ..... %

|   | 2022 Amount | 2021 Amount |
|---|-------------|-------------|
| Parking fees and tolls .....                                |             |             |
| Local transportation .....                                  |             |             |
| Travel expenses .....                                       |             |             |
| Meals .....   |             |             |
| Entertainment (deductible only on some state returns) ..... |             |             |
| Other Business Expenses:                                    |             |             |

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

|  | 2022 Amount | 2021 Amount |
|--|-------------|-------------|
| Amount received for other expenses ..... |             |             |
| Amount received for meals .....          |             |             |
| Amount received for entertainment .....  |             |             |

**Vehicle:**

If not 100%, enter the percentage to apply to this business ..... %

Description of vehicle .....  
Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

|   | 2022 | 2021 |
|---|------|------|
| Total miles .....                         |      |      |
| Total business miles .....                |      |      |
| Business miles after June 30 .....        |      |      |
| Average daily commuting miles .....       |      |      |
| Total commuting miles for the year .....  |      |      |
| Gasoline and oil .....                    |      |      |
| Repairs .....                             |      |      |
| Insurance .....                           |      |      |
| Interest .....                            |      |      |
| Taxes .....                               |      |      |
| Value of employer provided vehicle .....  |      |      |
| Temporary vehicle rentals .....           |      |      |
| Fair market value of leased vehicle ..... |      |      |
| Vehicle leases .....                      |      |      |
| Other Vehicle Expenses:                   |      |      |

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |



# Rental - Business Use of Home

Location of Property: \_\_\_\_\_

### Partial Use of Your Home for Business:

|      |
|------|
| 2022 |
|      |
|      |

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ..  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|   | Direct Expenses |             | Indirect Expenses |             |
|---|-----------------|-------------|-------------------|-------------|
|   | 2022 Amount     | 2021 Amount | 2022 Amount       | 2021 Amount |
| Casualty losses .....                       |                 |             |                   |             |
| Deductible mortgage interest paid to:       |                 |             |                   |             |
| Financial institutions .....                |                 |             |                   |             |
| Individuals .....                           |                 |             |                   |             |
| Real estate taxes .....                     |                 |             |                   |             |
| Insurance .....                             |                 |             |                   |             |
| Qualified mortgage insurance premiums ..... |                 |             |                   |             |
| Repairs and maintenance .....               |                 |             |                   |             |
| Utilities .....                             |                 |             |                   |             |
| Rent .....                                  |                 |             |                   |             |

### Other Expenses:

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2022 Amount     | 2021 Amount | 2022 Amount       | 2021 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

### Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |



# Partnership and S Corporation Business Expenses

Activity Name: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business \_\_\_\_\_ %

|   | 2022 Amount | 2021 Amount |
|---|-------------|-------------|
| Parking fees and tolls .....                                |             |             |
| Local transportation .....                                  |             |             |
| Travel expenses .....                                       |             |             |
| Meals .....   |             |             |
| Entertainment (deductible only on some state returns) ..... |             |             |
| Other Business Expenses:                                    |             |             |

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals .....

Amount received for entertainment .....

| 2022 Amount | 2021 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |

### Vehicle:

If not 100%, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service .....

Do you (or your spouse) have another vehicle available for personal purposes? .....

Was your vehicle available for personal use during off-duty hours? .....

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

|   | 2022 | 2021 |
|---|------|------|
| Total miles .....                         |      |      |
| Total business miles .....                |      |      |
| Business miles after June 30 .....        |      |      |
| Average daily commuting miles .....       |      |      |
| Total commuting miles for the year .....  |      |      |
| Gasoline and oil .....                    |      |      |
| Repairs .....                             |      |      |
| Insurance .....                           |      |      |
| Interest .....                            |      |      |
| Taxes .....                               |      |      |
| Value of employer provided vehicle .....  |      |      |
| Temporary vehicle rentals .....           |      |      |
| Fair market value of leased vehicle ..... |      |      |
| Vehicle leases .....                      |      |      |
| Other Vehicle Expenses:                   |      |      |

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |



# Farm Income (Page 1 of 2)

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

**Farm Questions for 2022:**

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

| 2022 Amount | 2021 Amount |
|-------------|-------------|
|             |             |

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

**Sales of Livestock and Other Items Bought for Resale (Cash Method Only):**

| Description | 2022            |                     | 2021            |                     |
|-------------|-----------------|---------------------|-----------------|---------------------|
|             | Amount Received | Cost or Other Basis | Amount Received | Cost or Other Basis |
|             |                 |                     |                 |                     |
|             |                 |                     |                 |                     |
|             |                 |                     |                 |                     |
|             |                 |                     |                 |                     |

**Income (Accrual Method):**

| Description | Beginning Inventory | Cost of Items Purchased | Sales | Ending Inventory |
|-------------|---------------------|-------------------------|-------|------------------|
|             |                     |                         |       |                  |
|             |                     |                         |       |                  |
|             |                     |                         |       |                  |
|             |                     |                         |       |                  |

**Income:**

|  | 2022 Amount | 2021 Amount |
|--|-------------|-------------|
| Sales of livestock, produce, grains, etc. you raised                         |             |             |
| Total cooperative distributions (Forms 1099-PATR)                            |             |             |
| Taxable cooperative distributions  |             |             |
| Total agricultural program payments  |             |             |
| Taxable agriculture program payments   |             |             |
| Total Commodity Credit Corporation (CCC) loans                               |             |             |
| Total crop insurance proceeds and certain disaster payments received in 2022 |             |             |
| Taxable crop insurance proceeds received                                     |             |             |
| Crop insurance proceeds deferred from prior year                             |             |             |
| Custom hire (machine work) income  |             |             |
| Federal gasoline tax or fuel tax credit or refund                            |             |             |
| State gasoline tax or fuel tax credit or refund                              |             |             |



# Farm Income (Page 2 of 2)

12A

Proprietor's Name: .....

Principal Crop or Activity: ..

**Income:**

Payment card and third party transactions:  Include all Forms 1099-K

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Government payments:  Include all Forms 1099-G

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income:  Include all Forms 1099-MISC and 1099-NEC

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Other income:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |



Farm Expenses and Property & Equipment

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: .. \_\_\_\_\_

**Expenses:**

Business meals .....  
Entertainment (deductible only on some state returns) .....  
Car and truck expenses .....  
Chemicals .....  
Conservation expenses .....  
Custom hire (machine work) .....  
Employee benefit programs and health insurance (other than pension and profit sharing plans) .....  
Feed purchased .....  
Fertilizers and lime .....  
Freight and trucking .....  
Gasoline, fuel and oil .....  
Insurance (other than health) .....  
Interest - mortgage (paid to banks, etc.) .....  
Interest - other .....  
Labor hired .....  
Pension and profit-sharing plans .....  
Rent or lease - vehicles, machinery and equipment .....  
Rent or lease - other (land, animals, etc.) .....  
Repairs and maintenance .....  
Seeds and plants purchased .....  
Storage and warehousing .....  
Supplies purchased .....  
Taxes .....  
Utilities .....  
Veterinary, breeding and medicine .....  
Capitalized preproductive period expenses .....  
Dependent care benefits .....

| 2022 Amount | 2021 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
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|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |

**Other Expenses:**

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

**Property and Equipment:** Include a list if more space is needed

| X if not new | Acquisitions - Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|----------------------------|--------------------------|------|
|              |                            |                          |      |
|              |                            |                          |      |
|              |                            |                          |      |

| Dispositions - Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|----------------------------|--------------------------|------|----------------------|---------------|
|                            |                          |      |                      |               |
|                            |                          |      |                      |               |
|                            |                          |      |                      |               |



# Farm Vehicle and Other Listed Property

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Listed Property Questions for 2022:

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### If you are an employer who provides vehicles for use by employees:

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### Vehicle:

Description of vehicle .....

Date placed in service . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

| Vehicle 1   |             |
|---|-------------|
| Description of vehicle .....  |             |
| Date placed in service . . . . (Mo/Da/Yr) _____                                     |             |
| Do you (or your spouse) have another vehicle available for your personal use? ..... |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                            |             |
| Was your vehicle available for use during off-duty hours? .....                     |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                            |             |
| 2022 Miles  | 2021 Miles  |
|   |             |
|   |             |
|   |             |
|   |             |
| 2022 Amount   | 2021 Amount |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |

| Vehicle 2   |             |
|---|-------------|
| Description of vehicle .....  |             |
| Date placed in service . . . . (Mo/Da/Yr) _____                                     |             |
| Do you (or your spouse) have another vehicle available for your personal use? ..... |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                            |             |
| Was your vehicle available for use during off-duty hours? .....                     |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                            |             |
| 2022 Miles  | 2021 Miles  |
|   |             |
|   |             |
|   |             |
|   |             |
| 2022 Amount   | 2021 Amount |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |



# Farm Business Use of Home

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Partial Use of Your Home for Business:

|      |
|------|
| 2022 |
|      |
|      |

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ...  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|   | Direct Expenses |             | Indirect Expenses |             |
|---|-----------------|-------------|-------------------|-------------|
|   | 2022 Amount     | 2021 Amount | 2022 Amount       | 2021 Amount |
| Casualty losses .....                       |                 |             |                   |             |
| Deductible mortgage interest paid to:       |                 |             |                   |             |
| Financial institutions .....                |                 |             |                   |             |
| Individuals .....                           |                 |             |                   |             |
| Real estate taxes .....                     |                 |             |                   |             |
| Insurance .....                             |                 |             |                   |             |
| Qualified mortgage insurance premiums ..... |                 |             |                   |             |
| Repairs and maintenance .....               |                 |             |                   |             |
| Utilities .....                             |                 |             |                   |             |
| Rent .....                                  |                 |             |                   |             |

### Other Expenses:

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2022 Amount     | 2021 Amount | 2022 Amount       | 2021 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

### Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |





# Miscellaneous Income, Adjustments and Alimony

**Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G**

**Miscellaneous Income and Adjustments:**

|  | TSJ _____   |             | TSJ _____   |             |
|--|-------------|-------------|-------------|-------------|
|  | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| Unemployment compensation received .....                 |             |             |             |             |
| Unemployment compensation repaid in 2022 .....           |             |             |             |             |
| Social security benefits received .....                  |             |             |             |             |
| Social security benefits repaid in 2022 .....            |             |             |             |             |
| Medicare premiums withheld .....                         |             |             |             |             |
| Tier 1 railroad retirement benefits received .....       |             |             |             |             |
| Tier 1 railroad retirement benefits repaid in 2022 ..... |             |             |             |             |
| Total lump sum social security received .....            |             |             |             |             |
| Lump sum taxable social security .....                   |             |             |             |             |
| Other federal withholding .....                          |             |             |             |             |
| Other state withholding .....                            |             |             |             |             |

**State and Local Income Tax Refunds:**

| TSJ | State | City | Tax Year | Income Tax Refund |       |
|-----|-------|------|----------|-------------------|-------|
|     |       |      |          | State             | Local |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |

**Other Income:**

| TSJ | Nature and Source | 2022 Amount | 2021 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Alimony Paid or Received:**

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2022 Amount | 2021 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |



## Miscellaneous Adjustments

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2022 Amount | 2021 Amount |
|----|-------------|-------------|
|    |             |             |
|    |             |             |

**Health Savings Accounts (HSAs)** Include all Forms 1099-SA

| TS | Description                                  | 2022 Amount | 2021 Amount |
|----|--|-------------|-------------|
|    | Contributions made for 2022                  |             |             |
|    | Distributions received from all HSAs in 2022 |             |             |

What type of coverage applies to your high deductible health plan?    Self only    Family   Yes   No

Were any HSA contributions listed above also shown on your Form W-2?   .....

Were all distributions from your HSA for unreimbursed medical expenses?   .....

Did you or your spouse enroll in Medicare?   .....

If Yes, what month did you enroll?   .....

What month did your spouse enroll?   .....

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2022 Amount | 2021 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |



2022

# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

Prescription medicines and drugs . . . . .

Total medical insurance premiums paid \* . . . . .

Long-term care expenses . . . . .

Total insurance reimbursement . . . . .

Number of miles traveled for medical care before July 1, 2022 . . . . .

Personal protective equipment . . . . .

Lodging . . . . .

Doctors, dentists, etc. . . . .

Hospitals . . . . .

Lab fees . . . . .

Eyeglasses and contacts . . . . .

Number of miles traveled for medical care after June 30, 2022 . . . . .

| TSJ | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
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|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

| 2022 Amount | 2021 Amount |
|-------------|-------------|
|             |             |
|             |             |

Taxpayer long-term care insurance premiums paid . . . . .

Spouse long-term care insurance premiums paid . . . . .

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

| TSJ | Description | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) . . . . .

General sales taxes paid on specified items . . . . .

| TSJ | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2022 Amount | 2021 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

### Other Taxes Paid:

| TSJ | Description | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

If you purchased or sold your home in 2022, did you include any taxes from your closing statement in the amounts above?  Yes  No



Mortgage Questions for 2022:

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? . . . . . _____   |                          |                          |
| Did you purchase a new home or sell your former home during the year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes.   |                          |                          |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US<br>during the 3 year period prior to the purchase of this home? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence<br>in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2022 Amount | 2021 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

Other Home Mortgage Interest Paid:

| TSJ | Paid To |         | ID Number | 2022 Amount | 2021 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2022 Amount | 2021 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2022 Amount | 2021 Amount |
|-----|---------|-------------|-------------|
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |



# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2022 Amount | 2021 Amount |
|-----|---|-------------|-------------|
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |

| TSJ | Conservation Real Property | 2022 Amount | 2021 Amount |
|-----|----------------------------|-------------|-------------|
|     | 100% limit                 |             |             |
|     | 50% limit                  |             |             |

| TSJ | Description   | 2022 Miles | 2021 Miles |
|-----|---|------------|------------|
|     | Number of miles traveled performing volunteer work for qualified charitable organizations |            |            |

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

| TSJ | Description of Donated Property | 2022 Amount | 2021 Amount |
|-----|---------------------------------|-------------|-------------|
|     |                                 |             |             |
|     |                                 |             |             |

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A   |                      |               |                  |               |
| B   |                      |               |                  |               |
| C   |                      |               |                  |               |

|   | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A |                         |                              |                          |                       |
| B |                         |                              |                          |                       |
| C |                         |                              |                          |                       |

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange
- 2 - Inheritance    4 - Purchase

|   | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A |                         |                            |
| B |                         |                            |
| C |                         |                            |



# Itemized Deductions - Miscellaneous

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

### Miscellaneous Itemized Deductions:

- Union and professional dues \*
- Tax preparation fee \*
- Professional subscriptions \*
- Hobby expense (To extent of income) \*
- Safe deposit box \*
- Uniforms and protective clothing \*
- Work tools \*
- Gambling losses
- Estate taxes

| TSJ | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees \*
- Employment agency fees \*
- Impairment-related work expense of a disabled person
- Investment expenses \*
- Certain educational expenses \*
- Repayment of amounts under a claim of right
- Custodial fees \*
- Amortizable bond premium

| TSJ | Description | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

### Casualty or Theft Loss:

TSJ \_\_\_\_\_  
 Property description \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use  
  Business use  
  Income producing  
  Employee Use  
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster?     Yes    No

Date acquired    (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost    (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis    \_\_\_\_\_

Fair market value before casualty    \_\_\_\_\_

Fair market value after casualty    \_\_\_\_\_

Cost of replacement    \_\_\_\_\_

Insurance reimbursement    \_\_\_\_\_



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No

Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2021 but paid in 2022 .....

Employer-provided dependent care benefits that were forfeited in 2022 .....

2021 carryover used in grace period .....

### Child/Dependent Care Providers:

#### Provider 1:

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

| 2022 Amount                                  | 2021 Amount |
|--|-------------|
| Expenses incurred and paid in 2022 .....     |             |
| Expenses incurred and not paid in 2022 ..... |             |

#### Provider 2:

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

| 2022 Amount                                  | 2021 Amount |
|--|-------------|
| Expenses incurred and paid in 2022 .....     |             |
| Expenses incurred and not paid in 2022 ..... |             |

### Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | 2022 Expenses Incurred | 2021 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
|                        |           |                        |                        |                        |
|                        |           |                        |                        |                        |
|                        |           |                        |                        |                        |

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

| First Name and Initial | Last Name | Social Security Number | 2022 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
|                        |           |                        |                         |
|                        |           |                        |                         |
|                        |           |                        |                         |



# Household Employment Taxes

**General Information:**

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,400 or more in 2022?  Yes  No

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022?  Yes  No

**Social Security, Medicare and Income Taxes:**

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

|  | 2022 Amount | 2021 Amount |
|--|-------------|-------------|
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |

**Federal Unemployment (FUTA) Tax:**

Did you pay unemployment contributions to more than one state?  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

| State | Total Cash Wages Subject to FUTA | 2021 Amount |
|-------|----------------------------------|-------------|
|       |                                  |             |
|       |                                  |             |
|       |                                  |             |
|       |                                  |             |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2023



| Name of State | Total Taxable Wages | Contribution Paid to Unemployment Fund | X | 2021 Amount |
|---------------|---------------------|--|---|-------------|
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |





# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2023 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2022 1st Quarter Estimate ..... (Due 04-18-2022)  
 2022 2nd Quarter Estimate ..... (Due 06-15-2022)  
 2022 3rd Quarter Estimate ..... (Due 09-15-2022)  
 2022 4th Quarter Estimate ..... (Due 01-17-2023)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |

2021 overpayment applied to 2022 estimate .....

## Tax Planning Information for Tax Year 2023:

Do you expect any of the following to occur in 2023?

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A change in your marital status .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions .....        | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

|  |
|--|
|  |
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2022

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2022 1st Quarter Estimate .....

2022 2nd Quarter Estimate .....

2022 3rd Quarter Estimate .....

2022 4th Quarter Estimate .....

If you have an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax liability? .....  Yes  No

2021 overpayment applied to 2022 estimate .....

Balance of prior year(s)' tax paid in 2022 plus amount paid with 2021 extensions .....

Estimated tax payments for 2021 paid in 2022 .....

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2022 1st Quarter Estimate .....

2022 2nd Quarter Estimate .....

2022 3rd Quarter Estimate .....

2022 4th Quarter Estimate .....

If you have an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax liability? .....  Yes  No

2021 overpayment applied to 2022 estimate .....

Balance of prior year(s)' tax paid in 2022 plus amount paid with 2021 extensions .....

Estimated tax payments for 2021 paid in 2022 .....

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2022 1st Quarter Estimate .....

2022 2nd Quarter Estimate .....

2022 3rd Quarter Estimate .....

2022 4th Quarter Estimate .....

If you have an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax liability? .....  Yes  No

2021 overpayment applied to 2022 estimate .....

Balance of prior year(s)' tax paid in 2022 plus amount paid with 2021 extensions .....

Estimated tax payments for 2021 paid in 2022 .....



# Gambling Winnings

Include all of your current year Forms W-2G

| TS | Name of Payer | Gross Winnings | Tax Withheld |       |
|----|---------------|----------------|--------------|-------|
|    |               |                | Federal      | State |
|    |               |                |              |       |
|    |               |                |              |       |
|    |               |                |              |       |
|    |               |                |              |       |
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|    |               |                |              |       |
|    |               |                |              |       |
|    |               |                |              |       |
|    |               |                |              |       |



## Foreign Taxes

Country of residence: \_\_\_\_\_

**Foreign Taxes Paid or Accrued:**

| TS | Country Name | Income Type<br>(Dividends,<br>Rents, Etc.) | Is Tax<br>Accrued? | Date Paid<br>or Accrued<br>(Mo/Da/Yr) | Tax Amount<br>(In Foreign<br>Currency) | Tax Amount<br>(In U.S. Dollars) |
|----|--------------|--|--------------------|---------------------------------------|--|---------------------------------|
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |
|    |              |  |                    |                                       |  |                                 |

**Prior Year Foreign Taxes Paid in the Current Year:**

| Year | Date Paid<br>(Mo/Da/Yr) | Amount |
|------|-------------------------|--------|
|      |                         |        |
|      |                         |        |
|      |                         |        |
|      |                         |        |
|      |                         |        |

**Enter Any Additional Foreign Tax Information:**

|  |
|--|
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# Gifts Made Outright to an Individual

**NOTE: Only complete Forms 34 and/or 35 if in 2022:**

- You made gifts of cash or marketable securities to an individual that exceeded \$16,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

### Gift 1:

|  |   |                                 |                                |
|--|---|---------------------------------|--------------------------------|
| Person giving the gift .....   | <input type="checkbox"/> Taxpayer         | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift .....  | _____                                     |                                 |                                |
| Address of person .....  | _____                                     |                                 |                                |
| Your relationship to the person<br>(e.g., son, granddaughter or friend) .....                        | _____                                     |                                 |                                |
| Age of the person .....  | _____                                     |                                 |                                |
| Date(s) of gift(s) .....   | (Mo/Da/Yr) _____                          |                                 |                                |
| Description and amount of assets gifted<br>(e.g., \$16,000 in cash or 500 shares of ABC stock) ..... | _____                                     |                                 |                                |
| Cost basis of assets gifted if other than cash .....   | <input style="width: 100%;" type="text"/> |                                 |                                |
| Value of assets gifted if other than cash .....  | <input style="width: 100%;" type="text"/> |                                 |                                |

### Gift 2:

|  |   |                                 |                                |
|--|---|---------------------------------|--------------------------------|
| Person giving the gift .....   | <input type="checkbox"/> Taxpayer         | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift .....  | _____                                     |                                 |                                |
| Address of person .....  | _____                                     |                                 |                                |
| Your relationship to the person<br>(e.g., son, granddaughter or friend) .....                        | _____                                     |                                 |                                |
| Age of the person .....  | _____                                     |                                 |                                |
| Date(s) of gift(s) .....   | (Mo/Da/Yr) _____                          |                                 |                                |
| Description and amount of assets gifted<br>(e.g., \$16,000 in cash or 500 shares of ABC stock) ..... | _____                                     |                                 |                                |
| Cost basis of assets gifted if other than cash .....   | <input style="width: 100%;" type="text"/> |                                 |                                |
| Value of assets gifted if other than cash .....  | <input style="width: 100%;" type="text"/> |                                 |                                |



# Gifts Made in Trust

**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift \_\_\_\_\_

Name of the trustee \_\_\_\_\_

Address of the trustee \_\_\_\_\_

Trust identification number \_\_\_\_\_

Name of the beneficiary of the trust \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) \_\_\_\_\_

Age of the beneficiary \_\_\_\_\_

Date(s) of gift(s) \_\_\_\_\_ (Mo/Da/Yr)

Description and amount of assets gifted  
(e.g., \$16,000 in cash or 500 shares of ABC stock) \_\_\_\_\_

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

\_\_\_\_\_

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**