

ndividualized ystems, LLC



Your Aggressive De-Tax Professionals

NOTICE

In order to protect your documents DO NOT send or bring us originals. We cannot be responsible for any losses. We request you provide copies or PDF versions of the documents. NO JPegs please.

Thank you

Kimberly C. Shaw MIM, MAAC, EA, FA Felllow

Masters in Accounting Masters in Tax Law Masters in International Management IRS Enrolled Agent Cambridge Fellow of Forensic Accounting

Over 45 Years Experience

Custom Services

- Tax Planning & Preparation
- IRS Representation
 Offers in Compromise
 Installment Plans
- Bookkeeping
 Business Setup
 Financial Analysis

Keeping Costs Affordable

- Specially Priced
 Packages
- Easy Payment Plans
 All Major Credit Cards
- Personal Checks

Serving

- Individuals
 Small Businesses
- Small Businesses Home Businesses
- Proprietorships
- Partnerships
- CorporationsNot for Profits
- All Industries
 Nationwide and
- Nationwide and International Service

Mailing Address: 1435 Fewel St. El Paso, TX 79902

Office: 2101 Yandell Dr El Paso, TX 79903

915-562-9223

Receptionist available until 2 pm daily

E-Fax: 915-232-9818

E-mail: Kimbe@indivsys.com

Visit our Website: www.indivsys.com

Like us on Facebook:

www.facebook.com/ Individualized-Systems-799070106907019/ **Dear Clients:**

This is a blank organizer to assist you in putting together your tax paperwork for the year.

It is comprehensive so, if something does not apply to you, don't use that page.

With the exception of the first 5 pages of critical information and updates, you do not have to actually fill out the forms <u>IF</u> you have reports you can attach, such as W-2s, 1099s, K-1s or financial statements from a business. Just write "See Attached" on the form page and put the forms behind it when you scan it back to us.

Be sure to read each page in case the forms you have don't give us all the information. Also, write any questions or additional information on the comments page indicating (if applicable) to which form the information applies.

When you are done, just scan everything in and upload it to our Secure Portal on the website. If you have not used the Portal before, please call us to make sure we have set up a folder for you.

Lastly, to meet all Federal requirements in the verification of names and addresses of all taxpayers, be sure to include photocopies of:

- A government-issued photo ID that proves your name and current address (passports may not be used as primary identification because there is no address on them) and
- One secondary identification document with names and/or addresses such as:
 - Passport (if using, please also include one of the additional proofs below)
 - Bank or Investment statement (first page only)
 - Mortgage Statement or Rental Agreement
 - Utility or Cellular Bill

Credit Card Statement

You should redact (black out) all sensitive information such as account numbers, balances, etc. that you would prefer we not have.

We look forward to serving you this year.

Stay Safe and Healthy,

Kimberly C. Shaw, CEO MIM, MAAc, EA, FA Fellow

General Information Spouse Taxpayer First Name Middle Initial Last Name Suffix Social Security Number . . . Date of Birth Date of Death Check ("X") which phone number to list on return. Home Phone Work Phone Cell Phone Fax Number Legally Blind Totally Disabled Claimed as a Dependent . . . Presidential Election Fund (\$3) Occupation E-mail address State of Residence as of 12/31 . . County of Residence as of 12/31. School District as of 12/31 . . Sales tax rate of locality in 2022 . If Part Year, Period of Residency . to Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster. ID type Driver's license OR State Issued ID Driver's license OR State Issued ID ID number ID issuing state _____ ID issue date _____ ID expiration date. Filing Status Status on 2021 return: Status as of 12/31/2022: Single Enter ("X") in the box 2 Married filing joint 3 Married filing separately (Enter spouse's name and SSN above) Head of Household Non-dependent name: Non-dependent SSN: 5 Qualifying surviving spouse (QSS) Year spouse died Taxpayer's Address Apt/Suite : _____ Street State Zip Code City If address is in a foreign country, enter that country . . . Foreign postal code Foreign province/county . . ____ If a bona fide resident of a U.S. territory, enter territory . . **Preparer's Information** Preparer's name Kimberly C Shaw MIM, MAAC, CIA, EA Firm's name Individualized Systems Street 1435 Fewel St. El Paso City State Zip Code 79902 Attestation and Signature: To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records. Sign Date

here

		Name 55N
		Overtions
		Questions
Yes	No	Personal Information
		Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
	□ 2	Did you purchase or sell your principal residence or did your address change?
	3	Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
	⊢ 4 5	Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2022?
-	⁵	Were either you or your spouse in the military or National Guard? Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
	$ \frac{6}{7}$	Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?
		Thave you or your spouse been an identity their victim and given an identity their protection six digit in the into:
Yes	No	<u>Dependents</u>
	1	Are there any changes in your dependents from last year?
	2	Did you have any children under 19 (or 24 if a full time student) who received more than \$1,150 in investment income?
	3	Did you pay education expenses for your dependent children?
	4	Did anyone in your family receive a scholarship of any kind during 2022?
	5	Did you pay any dependent care expenses for a child or a parent?
	6	Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
	7	Are all of your dependents either US residents or citizens?
Yes	No	Health Care Coverage
	1	Did you or a member of your family have minimum essential coverage in 2022? (The entity that provided the coverage
		may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled
		in minimum essential coverage and shows their months of coverage.)
V	N1 -	
Yes	No	Income (In 2022, did you or your spouse have any of the following?)
		Wages? (include form(s) W-2)
	2 3	Non-employee compensation? (include form(s) 1099-NEC) Miscellaneous Income? (include form(s) 1099-MISC)
	H 4	Interest income? (include form(s) 1099-INT)
	5	Dividend income? (include form(s) 1099-DIV)
	6	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
	7	Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
	8	Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
	9	Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
	10	Disability income? (include form(s) W-2 or 1099)
	11	Unemployment compensation? (include form(s) 1099-G)
	12	Alimony?
	13	Did you receive tip income NOT reported to your employer?
	14	Did you receive payments from a Long-Term Care insurance contract?
	15	Did you barter your services for goods or services from someone else?
	16 17	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? Did you receive employer-provided adoption benefits for a previous year?
	18	Did you cash in any U.S. savings bonds?
	19	Did you make a loan to someone at an interest rate below market rate?
	20	Did you receive a housing allowance for ministerial services you provided?
	21	Did you receive any income not reported in this Organizer?
	22	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
	23	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
Yes	No	Foreign Reporting
\vdash		Did you have an interest in or signature authority over a financial account in a foreign country?
\vdash	2 3	Were you the grantor of or transferor to a foreign trust? Did you receive income from a foreign source or pay taxes to a foreign government?
ш		Dia you receive meeting noting received or pay takes to a foreign government:
Yes	No	Retirement & Other Plans
	1	Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
	2	Did you rollover a retirement plan distribution into another plan?
	3	Did you convert a traditional IRA to a Roth IRA?
	4	Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
	5	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
	6	Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
	7	Did you make any contributions to an HSA (Health Savings Account) in 2022?
	8	Did you receive a qualified disaster distribution in 2022?
	9	Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No	Purchases, Sales, Gains and Losses
	1	Did you exchange any securities or investments for something other than cash?
	2	Do you have any short sales, commodity sales, or straddles?
	3	Did you receive Form 2439?
	4	Did you buy or sell any bonds?
	5	Did you receive stock from a stock bonus plan with your employer?
	6	Did you sell any other personal assets at a gain?
	7	Did you sell any real estate (other than your home) during the year?
	8	Did you sell any assets using the installment method?
	9	Did you receive proceeds from a prior year installment sale?
	10	Did you purchase a rental property?
	11	Did you exchange any property for other property?
	12	Did you incur a loss because of damaged or stolen property?
	13	Did you purchase a new vehicle, aircraft or boat?
	14	Did any security become worthless during 2022?
	15	Did any debts become uncollectible during 2022?
	16	Did you puchase any items acquired out of state, online or by mail order that did not include sales tax?
	•	Did you pushious any nome assented out of state, original of by mail order that are not morage state.
V	NI -	Bushess and Bustel Busy and Justines 0. Budgetters
Yes	No	Business and Rental Property Income & Deductions
		If you own rental property, do you qualify as a Real Estate Professional?
	2	Did you start or acquire a new business?
	3	Did you sell any part of an existing business, or sell business assets?
	4	Did you cease operating any business or rental property?
	5	Did you remove any of your business assets for personal use?
	6	Did you use part of your home for business purposes?
	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2022?
	8	Do you pay for any health or long term care insurance through your business?
	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
	10	Did you purchase any furniture or equipment for your business?
	11	Did you make any improvements to your rental properties?
	12	Did you receive income from raising animals or crops?
Yes	No	Other Deductions
	1	Did you use your car on the job (other than to and from work)?
	2	Did you work out of town for part of the year?
	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
	4	Did you incur any travel and entertainment expenses for business purposes?
	5	Did you pay expenses for the care of your child or other dependent so you could work?
	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2022?
	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022?
	8	Did you contribute less than an entire interest in any property to charity?
	9	Did you refinance a mortgage or take out a home equity loan during 2022?
	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
	11	Did you or your spouse pay any educational expenses for yourselves?
	12	Did you pay any student loan interest?
	13	Did you make any federal or state estimated payments?
	14	Did you pay alimony?
	15	Did you donate non-cash donations?
	16	Did you donate a vehicle?
Yes	No	Miscellaneous On the state of
Yes	1	Did you make gifts of more than \$16,000 to any one person?
Yes	1 2	Did you make gifts of more than \$16,000 to any one person? Did you engage the service of any household employees?
Yes	1 2 3	Did you make gifts of more than \$16,000 to any one person? Did you engage the service of any household employees? Did your bank account information change within the last twelve months?
Yes	1 2 3 4	Did you make gifts of more than \$16,000 to any one person? Did you engage the service of any household employees? Did your bank account information change within the last twelve months? Do you want to allocate \$3 to the Presidential Election Campaign Fund?
Yes	1 2 3 4 5 5	Did you make gifts of more than \$16,000 to any one person? Did you engage the service of any household employees? Did your bank account information change within the last twelve months? Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
Yes	1 2 3 4 5 6	Did you make gifts of more than \$16,000 to any one person? Did you engage the service of any household employees? Did your bank account information change within the last twelve months? Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2022?
Yes	1 2 3 4 5 5	Did you make gifts of more than \$16,000 to any one person? Did you engage the service of any household employees? Did your bank account information change within the last twelve months? Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

Yes	No 1 2	Return preparation and filing Do you want to e-file your return? If you are due a refund, how do you want to receive i	t?			
		Check sent to you in the mail		Other quick re	fund via a bank pro	oduct
		Apply to next year's estimates				
		Direct deposit (please provide voided blank	check)	Type of account:	Checking	Savings
		If you owe taxes, how do you want to pay them?				
		Paper check sent with my return	redit card	Installment Ag	reement	
		Direct debit (please provide a voided blank of	check)	Type of account:	Checking	Savings
	3	Do you want to allow your tax preparer to discuss this If no, enter another person (if desired) to be allowed				
		Designee's name	Phone Number		Personal identifi Number (5 digit	

Name	SSN
Comments	

Name					SSN			
Federal, State and Local Estim	ated Taxes	Paid						
Federal Estimates								
Fisher Bermand Information			ler and/or Joi	-			ly Payments	4
Enter Payment Information			ate Paid	Amount		Date Paid	Amo	unt
1 Overpayment from last year					1			
2 First quarter payment					2			
3 Second quarter payment					³			
4 Third quarter payment					 4			
5 Fourth quarter payment					5			
6					6			
7					7			
State Estimates								
Enter two-letter state abbreviation	State		State		State		State	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1								
2 First quarter payment 2								
3 Second quarter payment 3								
4 Third quarter payment 4	ļ							
5 Fourth quarter payment 5								
66								
7 7	,							
8 8	3							
Local Estimates								
Enter locality name	Locality		Locality		Locality		Locality	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1		711104111	Date Faid	741104111	- Date i aia	7 anount	- Date i aia	, and and
2 First quarter payment 2								
3 Second quarter payment 3								
4 Third quarter payment 4								
5 Fourth quarter payment 5								
6 6	;							
7 7	,							
88	3							

Name _				5	SSN					
Dependent	Information		<u>.</u>							
		No. of						Enter "X	" if applicat	ole
		Months				Amount Paid	US	Full- time	Paid	Not a
		in Home		Date of		for Dependent	Citizen	Student or	Education	Dependent
First Name	Last Name	in 2022	Relationship	Birth	SSN	Care Expenses		Disabled	Expenses	this Year
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Name	SSN	

Wages

W-2 Information

"X" if		Box 1 Wages, Tips	Box 2 Federal Income	Box 16 State	Box 17 State Income
	Employer's Name	Other Comp	Tax Withheld	Wages	Tax Withheld
1 1					
<u> </u>					
<u> </u>					
8 -					
				<u> </u>	
10_					
11 _					
12_					
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31					
33					
37_					
39 _					
40 _					
42					
43					

Name	SSN
Name	0011

Retirement Income

1099-R Information

"X" if		Box 1 Gross	Box 4 Federal Income	Box 16 State	Box 14 State Income
spous	e Payer's Name	Distribution	Tax Withheld	Distribution	Tax Withheld
	1				
	2				
	3				
	3				
-	4			1	
-	5				
-	6				
	7			-	
	8				
	9				
	10				
	11				
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	31				
	32				
	33			1	
	34			 	
	35			 	
	36				
	37				
	38				
	39				
	40				
	41				
	42			1	
	43				

Name	SSN	

Foreign Employer Compensation & Pension

Foreign employer's name 1 2 3 3 4 5 6 6 7 8 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32 32 33	Compensation	Pension	Pension
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31			
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32			
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31			
4			
5 6 7 8 9 10 11 12 12 13 14 15 16 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32			
6			
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32			
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32			
9			
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32			
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18 19 20 21 22 23 24 25 26 27 28 29 30 31 32			
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42			
4344			

Interest Income Please provide copies of all Form 1099-						
* F/S/J - enter ownership (F)iler, (S)pouse,		rest Income		pt Interest	Specified Priv	
or (J)oint. *F/S/J Payer	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	Amount	Amount	Amount	Amount	Amount	Amount
1						
2						
3						
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17						
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19						
20						
Dividend Income	<u> </u>					
	DIV or other s	tatements re	portina divider	nd income.		
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse,	Ordinary	Dividends	Qualified	Dividends	Capital	
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer	Ordinary	Dividends	Qualified	Dividends		
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15 16 17 18	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15 16 17	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year

Name ____

SSN _____

Activity	•	Date Placed		Explain any assets no longer
	Description	In Service	Cost	by the business
	ĺ			•

	Name				5	SSN	
Self	f-Employed Business Inco	me and	Expenses (S	Schedule C)			
	Enter "X" in one box:	Filer	Spouse	(If more t			ease copy forms
G	eneral Information			for each	busine	ess)	
	Employer Identification Number			(do not	enter So	cial Security Numbe	r)
	Principal business or profession						
	Business address						
	City				State	•	Zip
	Foreign Country						
	Foreign Province/State				Post	al Code	
G	eneral Check Boxes (Enter "X	(" where app	olicable)				
1	Accounting Method	Cash	Accrual	Other - (Spec	cify)		
2	Did you "materially participate" in this	business?	Yes	No			
3	Check ('X') if you started or acquired		<u> </u>				
							1
4	Did you make any payments in 2022	that would	require you to file	Form(s) 1099?		Yes	No
В	usiness Income					Current Year	Prior Year
	* Report statutory income as W-2 incomes receipts or sales not reported of)99 or Form W-2			Amount	Amount
5					5		
6					6		
7					7		
8					8 _		
9 10					9		
11					11		
12					12		
13					13		
14					14		
15	Income reported on 1099 MISC				15		
16	Gross amount of payment card/third				16		
17 18	Professional gambler winnings from F Gross installment sales less cost of g				17 18		
19	Returns and allowances				19		
20	Other income						
In	ventory (Enter "X" where applic	able)					
21	Method(s) used to value closing inver	ntory	. Cost	Lower of cost	or marke	t Other	
22	Any change in determining quantities	, costs, or	valuations betwee	n opening and closi	ng inven	tory?	Yes No
						Current Year	Prior Year
23	Inventory at the beginning of year .				23	Amount	Amount
24	Purchases less cost of items withdraw				24		
25	Cost of labor				25		
26	Materials and supplies				26		
27	Other Costs						
28	Inventory at end of year				28		
A	ssets Placed in Service This Year				Г	Date Placed	Purchase
	Description:				-	In Service	Amount
A					A _		
В					В		
C D					C D		
E					E		
F					F		
G					G		

	Name	SS	N	
	Business	33		
Self	F-Employed Business Expenses Cont. (Schedule C)			
Jeii	-Limployed Business Expenses Cont. (Ochedule O)	1	Current Year	Prior Year
Expe	nses		Amount	Amount
29	Advertising	29		
30	Contract labor	30		
31	Commissions and fees	31		
32	Depletion	32		
33	Employee benefit programs (other than on line 39)	33		
34	Insurance (other than health)	34		
	Interest:			<u></u>
35	Mortgage (paid to banks, etc.)	35		
36	Other	36		
37	Legal and professional services			
38	Office expense	1		
39	Pension and profit-sharing plans	39		
	Rent or Lease:	00		
40	Machinery rental or lease	40		
41	Equipment rental or lease	1		
42		42		
43		43		
44		44		
44	Other business property rental or lease	44		1
45		45		
46		46		
47				
	Denoting and marintaneous	47		
48	Repairs and maintenance			
49	Supplies (not included in inventory cost of goods sold)	49		
50	Taxes and licenses	50		
	Travel			
51		51		
52		52		
53		53		
54		54		
54	Meals	54		
55	Enter "X" in the box if subject to DOT hours of service limits	55		
56	Meals subject to the Standard meal allowance that are 100% deductible after		I I	
00	the federal M&IE rate is applied	56		
	Meals subject to percentage limitation	30		
5 7	means subject to percentage inflitation	57		
57		57		
58		58		
59		59		
60		60		
61		61		
	Meals not subject to percentage limitation (100% allowed)	1		
62		62		
63		63		
64		64		
65		65		
66	Utilities	66		
67	Wages	67		
	Other Expenses:			
68		68		
69		69		
70		70		
71		1		
		71		
72 72		72		
73		73		
74		74		
75		75		1

	Name			SSN	
	Business				
	icle Information (Schedule C)	Walter		Waltala	
	Business Use Vehicles Only	Vehicle - Current Year Amount	Prior Year	Vehicle - Current Year	Prior Year
1	Data vahiala waa placed in carviac	Amount	Amount	Amount	Amount
2	Date vehicle was placed in service 1 Cost of vehicle				
3					
3 4	Total miles driven for the year 3 Business miles driven during the year 4				
4	January 1 to June 30				
_	July 1 to December 31				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest				
8 A	Vehicle Personal Property tax 8 _ctual Expenses				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance				
11	Vehicle registration fees				
12	Vehicle lease or rental				
13	13				
	_	Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1	Amount	Amount	Amount	Amount
2	Cost of vehicle				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
7	January 1 to June 30				
	July 1 to December 31				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest				
8	Vehicle Personal Property tax 8				
-	ctual Expenses				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance				
11	Vehicle registration fees 11				
12	Vehicle lease or rental				
13	13				

13 ___

	Name	SSN _		
	Home Office Number Description of Home Office			
	Address			
	City	s	tate Zip	
	Check ("X") box: Daycare			
Hor	ne Office Expenses			
۸.	(Note: List separately any dual-use areas)		Current Year	Prior Year
1	Area used regularly and exclusively for business, regularly for daycare, or for storage		Amount	Amount
	of inventory or product samples	1		
2 Da	Total area of home Total area of home	2		
3	Multiply days used for daycare during year by hours used per day	3		
4 Ex	Enter total hours home was available for daycare during year	4		
5	Casualty losses	5		
6	Excess mortgage interest	6		
7	Excess real estate taxes	7		
8	Insurance	8		
9	Rent	9		
10	Repairs and maintenance	10		
11	Utilities	11		
12	Other Expenses:	_		T
а		12a		
b		12b		
С		12c		
d		12d		
е		12e		
В	usiness Allocation:		Current Year Allocation %	Prior Year Allocation %
	Business 1:			
	Business 2:			
	Business 3:			
	Business 4:			
				I,
	usiness: Idditional expenses related to business portion only (Direct)		Current Year Amount	Prior Year Amount
	Casualty losses	13	Amount	Amount
14	Excess mortgage interest	14		
15	Excess real estate taxes			
16	Insurance	16		
17	Rent	17		
18	Repairs and maintenance	18		
19	Utilities	19		
20	Other Expenses:	_		
а		20a		
b		20b		
С		20c		
d		20d		
е		20e		

Name	N22	

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

	Name	5	SSN	
Rea	I Estate Rentals	and Royalties (Please copy these pages for EACH	I rental property	()
	operty Description			,
	Idress		_	
Ci		State Zip	-	
	oreign Country	Otate 2ip	-	
	-	Postal Code	_	
г	oreign Province/State	Postal Code	_	
			Current Year	Prior Year
4-	O	Tilan On access on Isin A	Info	Info
1a	Owner or property (Ente	er Filer, Spouse, or Joint)...................1a		
1b	(1) Single-Family Resid	hber (1 to 8)		
2 3		participated?		
	than 14 days or 10% of	the total days rented?		
	3a If entered ("X	("), enter the number of days of personal use?		
	·	("), enter the number of days rented?		
Inna		t), enter the number of days reflect?		
Inco	III U		Current Year Amounts	Prior Year Amounts
4	Povalty received		Amounts	Amounts
5	• •	_		
5				
		estate, enter the percent of ownership if less than 100% 5a		
	·	ercentage for property used partially for personal use only 5b		
6	Other Income			
Prop	erty Expense		Current Year Amounts	Prior Year Amounts
Prop				
_	Advertising			
7	Advertising Cleaning and maintenant			
7	Advertising	nce		
7 8 9	Advertising	nce		
7 8 9 10	Advertising	nce 8 9 10 ional fees 11	Amounts	
7 8 9 10 11	Advertising	nce	Amounts	
7 8 9 10 11	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc 13a	Amounts	
7 8 9 10 11 12 13	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b	Amounts	
7 8 9 10 11 12 13	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc 13a erest paid to banks, etc 13b 14	Amounts	
7 8 9 10 11 12 13	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b . 14 . 15	Amounts	
7 8 9 10 11 12 13 14 15 16	Advertising	nce 8 9 10 ional fees 11 12 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13t 14 15 16 16	Amounts	
7 8 9 10 11 12 13	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b . 14 . 15 . 16 . 17a	Amounts	
7 8 9 10 11 12 13 14 15 16 17	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc. 13 erest paid to banks, etc. 13 . 14 . 15 . 16 . 17 . 17 . 17 . 17 . 17	Amounts	
7 8 9 10 11 12 13 14 15 16	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b . 14 . 15 . 16 . 17a	Amounts	
7 8 9 10 11 12 13 14 15 16 17	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b . 14 . 15 . 16 . 17a . 17b . 18	Amounts	
7 8 9 10 11 12 13 14 15 16 17	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b . 14 . 15 . 16 . 17a . 17b . 18	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17	Advertising	10	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 A B	Advertising	Sample	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 A B C	Advertising	10	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 A B C	Advertising	Solution Solution	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 A B C D E	Advertising	Solution Solution	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 A B C	Advertising	Solution Solution	Amounts Date Placed	Purchase

	=	
_		
Cı	urrent Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		
Cı	urrent Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		
	urrent Year	Prior Year
35	urrent rear	Prior rear
36		
37		
	38 39 40 41 42	39 40 41

	icle Information (Schedule E) ental use vehicles only)	Vehicle -		Vehicle -	
,,,		Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle				
3	Total miles driven for the year 3				
4	Business miles driven during the year 4				
	January 1 to June 30				
	July 1 to December 31				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest				
8 Ad	Vehicle Personal Property tax 8ctual Expenses				
9	Gasoline, oil and repairs 9				
0	Vehicle Insurance				
1	Vehicle registration fees				
2	Vehicle lease or rental				
3	13				
	Г	Vehicle - Current Year	Prior Year	Vehicle - Current Year	Prior Year
		Amount	Amount	Amount	Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle				
3	Total miles driven for the year 3				
	Business miles driven during the year . 4				
4					
4	January 1 to June 30				
4	January 1 to June 30 July 1 to December 31				
	July 1 to December 31				
5	July 1 to December 31				
5	July 1 to December 31				
5 6 7	July 1 to December 31				
5 6 7 8	July 1 to December 31				
5 6 7	July 1 to December 31				
5 6 7 8 Ac	July 1 to December 31				
5 6 7 8 Ac	July 1 to December 31				

SSN ____

Name ____

Name	SSN
1 Income (Partnership, S-Corporation or Estate incon	
Please provide copies of all Schedule K-1s, or other statements, partnerships, S corporations, or estates and trusts.	reporting income from
partitle strips, 3 corporations, or estates and trusts.	Enter "S" if K1 (1120S) Unreimburse
* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.	Enter "P" if K1 (1065) Partnership E
*F/S/J Entity Name	Enter "E" if K1 (1041) Current Yea
1	1
2	2
3	3
4	4
5	5
6	6
7	7
	8
	9
10	10
	44
10	40
12	
13	
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
42	42

Name	SSN	

Additional Income		Filer			Spor	ıse
		Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1	Refund from state			1 _		
2	Unemployment compensation			2		
3	Other income (Prizes and Awards, etc.)			3		
4 5	Scholarships and fellowships			5		
6	Net operating loss carryover (negative no.)			6		
7	Canceled debts (1065 K-1)			7		
8				8		
9				9		
10				10		
11	Other income not provided for in this Organizer			11		

Adju	stments to Income	Filer			Spouse		
•		Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount	
1 2	Educator expenses			1 2			
3	Health Savings account deduction			3			
4 5	Moving expenses (members of armed forces) . Self-employed SEP, SIMPLE, or other qualified plans			4 5			
6	Self-employed health insurance deduction			6			
7	Penalty on early withdrawal of savings			7			
8	Alimony paid			8			
9	IRA contribution			9			
10	Student loan interest deduction			10			
11	Tuition and fees (Total education expenses)			11			
12	Foreign housing deduction			12			
13	Jury duty pay given to your employer			13			
	Reforestation amortization			14 15			
16	Contributions to Section 501(c)(18)(D) pension plans			16			
	Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions			17			
	Expenses from the rental of personal property but were not in the business of renting such property			18			
19	Contributions by chaplains to section 403(b) plans			19			
20	Archer MSA deduction			20			
21	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income			21			
	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			22			
23	Excess deductions on termination of an estate/trust - Section 67(e) expenses			23			
24				24			
25				25			
				26			
27				27			

IRA and Other Contribution Information			
Traditional IRA Contributions	Г	- 1 ×	
Filer		Current Year Amount	Prior Year Amount
1 Enter total traditional IRA contributions made for 2022	1	Amount	Amount
2 Enter contributions, on line 1, made after 12/31/2022 and before 04/15/2023	2		
	ŀ		
	3		
4 Enter amount of any outstanding traditional rollovers as of 1/1/2023	4		
Spouse	Ī		
5 Enter total traditional IRA contributions made for 2022	5		
6 Enter contributions, on line 5, made after 12/31/2022 and before 04/15/2023	6		
7 Enter value of all traditional IRAs on 12/31/2022	7		
8 Enter amount of any outstanding traditional rollovers as of 1/1/2023	8		
Roth IRA Contributions			
		Current Year	Prior Year
Filer		Amount	Amount
1 Enter 2022 Roth IRA contributions	1		
2 Enter value of all Roth IRAs on 12/31/2022	2		
Spouse	Ī		
3 Enter 2022 Roth IRA contributions	3		
4 Enter value of all Roth IRAs on 12/31/2022	4		
SIMPLE IRA			
		Current Year	Prior Year
Filer		Amount	Amount
1 Enter value of all SIMPLE IRAs on 12/31/2022	1		
Spouse			
2 Enter value of all SIMPLE IRAs on 12/31/2022	2		
Education (Coverdell ESA)			
Filer		Current Year Amount	Prior Year
	4	Amount	Amount
	1		
2 Enter value of the Coverdell ESA on 12/31/2022	2		
Spouse	ſ	T	
3 Enter 2022 Coverdell ESA contributions	3		
4 Enter value of the Coverdell ESA on 12/31/2022	4		
Other	F		
Eilor		Current Year	Prior Year
Filer	ار	Amount	Amount
1 Repayment of qualified reservist distributions	1		
Spouse	Г	1	
2 Repayment of qualified reservist distributions	2		

Name

SSN ____

Name	SSN
Mario	0011

Medical and Dental - Itemized Deductions

	dical and Dental - Itemized Deductions	Current Year Amount	Prior Year Amount
1	Prescription medications		
2	Fees for doctors, dentists, etc		
3	Fees for hospitals, clinics, etc		
4	Lab and X-ray fees		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc		
6	Medical equipment and supplies		
7	Medical mileage (number of miles driven) 7		
	January 1 to June 30		
	July 1 to December 31		
8	Medical parking, tolls and local transportation		
9	Lodging for medical purposes (up to \$50 per night per person) 9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans) 10		
11	Long Term Care insurance premiums (taxpayer)		
12	Long Term Care insurance premiums (spouse)		
13	Expenses to stop smoking		
14	Health insurance premiums - coverage established under your business (1) 14		
15	Health insurance premiums - coverage established under your business (2) 15		
16	Long Term Care insurance premiums - coverage est. under your business (1) . 16		
17	Long Term Care insurance premiums - coverage est. under your business (2) . 17		
18	18		
19			
20	20		
21	21		
22	Insurance reimbursement for any medical and dental expense listed above 22		

Taxes - Itemized Deductions

Iax	es - itemizea Deauctions	j	Current Year	Prior Year
	Real Estate Taxes		Amount	Amount
23	Principal residence	23		
24	Real estate taxes from Schedule E properties	24		
25		25		
26		26		
27		27		
28		28		
29		29		
	Real Estate Held For Investment	ĺ		
30		30		
31		31		
32		32		
33		33		
34		34		
	Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35		
36		36		
37		37		
38		38		
39		39		
40	Non-Personal Property Taxes	40		
41	K1 (1065) - Other deductions/taxes	41		
42	K1 (1120S) - Other deductions/taxes			
43	K1 (1041) - Other deductions/taxes	43		
43	` ,	44		
	Foreign Taxes			
45 46	From Schedule E properties	45 46		
46		46		
47		47		
48		48		

	Name		SSN	
Inte	rest - Itemized Deductions			
	Home Mostrone Interest and Dainte Departed on Form 1000		Current Year	Prior Year
40	Home Mortgage Interest and Points Reported on Form 1098	40	Amount	Amount
49	Lender	49		
50	Lender	50		
51	Lender	51		
52	Lender	52		
	Home Mortgage Interest Not Reported on Form 1098			
53	Name:	53		
	Address:			
	SSN:			
54	Mortgage insurance premiums paid on 2022 acquisition indebtedness for			
	principal residence	54		
	Refinancing Points			
55	Description	55		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2022			
56	Description	56		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2022			
57	Description	57		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2022			
58	Description	58		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2022			
59	Investment interest paid	59		

	Name		Itamizad Dad	luctions			
nr	eimbursed Employee Exper	nses	- itemizea Dea				
	List car, truck, transportation, meals an	d ente <u>rt</u>			Expenses ta		
tat	e use only)		Current Year	iler Prior \	/oor	Spo Current Year	use Prior Year
ıaı	e use omy)		Amount	Amoi		Amount	Amount
60	Union and professional dues	60					
31	Professional subscriptions	61					
62	Uniform and protective clothing	62					
33	Job search costs	63					
64		64					
55		65					
66		66					
67		67					
58		68					
59		69					
ert	ain Miscellaneous Deduction	ons -	Itemized Dedu			2 ()/	
tat	e use only)			If invest related er		Current Year Amount	Prior Year Amount
70	Tax preparation fees				70	7 uno une	, and and
71	Certain attorney and accounting fees				71		
72	Safe deposit box rental				72		
	•						
72	IDA Custodial foos						
73 74	IRA Custodial fees				73		
74	Investment counsel and advisory fees				73 74		
74 75	Investment counsel and advisory fees Losses on deposits in insolvent or bank	 krupt fin	ancial institutions .		73 74 75		
74 75 76	Investment counsel and advisory fees	 krupt fin	ancial institutions .		73 74 75 76		
74 75 76	Investment counsel and advisory fees Losses on deposits in insolvent or bank	 krupt fin ebit card	ancial institutions .		73 74 75 76 77		
74 75 76 77	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	 krupt fin ebit card	ancial institutions .	2022 .	73 74 75 76 77 78		
74 75 76 77	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	 krupt fin ebit card	ancial institutions .	2022 .	73 74 75 76 77 78 79		
74 75 76 77 78	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	crupt fin	ancial institutions .	2022 .	73 74 75 76 77 78		
74 75 76 77 78 79	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	crupt fin	ancial institutions .	2022 .	73 74 75 76 77 78 79		
74 75 76 77 78 79 30	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	krupt fin	ancial institutions .	2022 .	73 74 75 76 77 78 79		
74 75 76	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	krupt fin	ancial institutions .	2022 .	73 74 75 76 77 78 79 80 81		
74 75 76 77 78 79 30 31	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	krupt fin	ancial institutions .	2022 .	73 74 75 76 77 78 79 80 81 82		
74 75 76 77 78 79 30 31 32	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	crupt fin	ancial institutions .	2022 .	73 74 75 76 77 78 79 80 81 82 83		
74 75 76 77 78 79 30 31 32 33 34	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	crupt fin	ancial institutions .	2022 .	73 74 75 76 77 78 79 80 81 82 83 84		
74 75 76 77 78 79 80 31 32 33 34 35	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	krupt fin	ancial institutions .	2022 .	73 74 75 76 77 78 79 80 81 82 83 84 85		
74 75 76 77 78 79 30 31 32 33 34 35 36	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de	rupt fin	ancial institutions .	2022 .	73 74 75 76 77 78 79 80 81 82 83 84 85 86		
74 75 76 77 78 79 30 31 32 33 34 35 36	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de er Miscellaneous Deduction Federal estate tax on income in respec	rupt fin	ancial institutions . If for federal taxes in	2022 .	73 74 75 76 77 78 79 80 81 82 83 84 85 86		
74 75 76 77 78 79 30 31 32 33 34 35 36 1th 6	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de er Miscellaneous Deduction Federal estate tax on income in respect	rupt fin ebit card	ancial institutions . If for federal taxes in decedent	2022 .	73 74 75 76 77 78 79 80 81 82 83 84 85 86		
74 75 76 77 78 79 80 33 33 34 35 36 9 1th	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de er Miscellaneous Deduction Federal estate tax on income in respect Amortizable bond premiums on bonds a Gambling losses (if gambling income)	rupt fin ebit card abit card abit of a de acquire	ancial institutions . If for federal taxes in a second control of the control of taxes in a second con	2022 .	73 74 75 76 77 78 79 80 81 82 83 84 85 86		
74 75 76 77 78 79 30 31 32 33 34 35 36 1th 0	Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de er Miscellaneous Deductior Federal estate tax on income in respect Amortizable bond premiums on bonds a Gambling losses (if gambling income) Repayment of income	ns	ancial institutions . d for federal taxes in ecedent	2022 .	73 74 75 76 77 78 79 80 81 82 83 84 85 86		
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		SSN	
ity - Itemized Deductions		Current Year	Prior Year
Total contributions \$500 or less. See Non-Cash Charity if over \$500.		Amount	Amount
Gifts To Charity Other Than By Cash or Check*	1 L		
otal Miles driven for charitable activities	2		
Parking fees, tolls and local transportation for charitable activities	3 [
	1 📙		
	2		
	3		
	4 _		
	5 _		
	6		
	7 _		
	8 _		
	9 _		
1	0		
	1		
	2		
1	3		
1	4		
1	5		
	6		
	7		
	8		
	9		
	20		
	1		
2	22		
	23		
2	24		
2	25		
2	26		
2	7		
2	28		
2	9		
3	0		
	1		
	2		
	3		
	4		
	5		
	6		

	Name						SSN			
	ncash Charitab	le Contributions	(Tota	al of Contr	ibutio	ns	more tha	ın \$500)		
IIIIOI	mation on Donateu	(a) Name and Add		the			(b) Description of Donat	ed Property	
		Donee Organi	zation							
1	Name									
	Address									
	City	Sta	te	Zip Code						
2	Name									
	Address									
	City	Sta	te	Zip Code						
3	Name									
	Address									
	City	Sta	te	Zip Code						
4	Name									
	Address									
	City	Sta	te	Zip Code						
5	Name									
	Address									
	City	Sta	te	Zip Code						
Note	· If the fair market valu	ue for an item is \$500 o	rless v	•	to com	olete	columns (d)	(e) and (f)		
11010	(c) Date of the	(d) Date Acquired	1 1033, <u>y</u>	(e) How	10 00111		Cost or	(g) Fair Market Value	(h) Method Used to	
	Contribution	mm/dd/yyyy		Acquired		Adju	sted Basis	F. M. V.	Determine the F. M. V.	
1										
2										
3										
4										
5										

	Name	SSN _		
Emp	ployee Business Expenses (Use only to report unreimbursed e	xpen	ses you incur as	s a W-2 employee)
En	iter "X" in one box: Filer Spouse			
Oc	ccupation in which you incurred the expenses			
En	nter "X" if expenses incurred while working as a reservist, performing artist or fee-based g	ov't offic	cial	
with	ORTANT: Per TCJA updates only reservists, qualified performing artists, to impairment-related work expenses can deduct the following business expenses information below for certain applicable states that allow the deduction	pense		
Ma	nala		Current Year	Prior Year
1 NI E	e als Meals	1	Amount	Amount
2	Enter "X" in the box if subject to DOT hours of service limits	2		
	avel Expenses			
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. Travel expense while away from home overnight, including lodging,	3		
	airplane, car rental, etc. DO NOT include meals	4		
Ot	her Employment Related Expenses			
5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8		8		
9		9		
10		10		
11		11		
12		12		
En	nployer Reimbursements			
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2	13		
14 15	Enter other employer reimbursements not reported to you in box 1 of Form W-2 Enter the total expense for meals and entertainment for the period covered by	14		
	the reimbursements	15		

	Name			SSN	
CI	hild and Dependent (Care Expenses			
1	·	e benefits forfeited			
_	Amount of dependent care	e expenses incurred in 2021 a	and paid in 2022		<u> </u>
	Note: Enter qualified expense	es for dependents on the Org	ganizer dependent sheet		
File	er and/or Spouse Who Is a S	tudent or Disabled			
	Check one box for				
	or partial month that the filer or spouse was a full-time		Filer's earned income for	Spouse's earned income for	
	student or disabled		each month	each month	
	Filer Spouse		Filer	Spouse	
				· 	
	June				
	July				
	August .				
	Septemb	er			
	October .				
	Novembe	er			
	Decembe	er			
No	n-Dependent Information an	d Qualifying Expenses			
			District	001	Amount incurred
1	First Name	Last Name	Birthdate	SSN	and paid in 2022
2					_
3					
4					
Pe	rsons or Organizations Who	Provided the Care			Amount incurred
	Name		Address	SSN/EIN	and paid in 2022
	First:				
	Last:			SSN:	
1	Business:	State:	Zip:	EIN:	
	First:				
_	Last:	City:		SSN:	
2	Business:	State:	Zip:	EIN:	
	First:	C:h.:		CCNI:	
2	Last:			SSN:	
3	Business:	State:	Δ ιμ.	EIN:	
	First:	City:		SSN:	
4	Last:Business:		Zip:	SSN:	-
7	First:	State.	<u>~</u>	LIIV.	
	Last:	City:		SSN:	
	Business:		Zip:	EIN:	