OKGANIZEK				<u>raye I</u>
2023	1040	US	Client Information	1

#### **IM & ASSOCIATES**

1770 Post Street Suite 235 **SAN FRANCISCO CA 94115** 

Telephone number: (415) 202-8532

Fax number:

E-mail address: stevesyim@sbcglobal.net

## **Tax Return Appointment**

Date: Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please add, change, or delete information as appropriate.

#### **CLIENT INFORMATION**

Filing	Filing status (table)
Status	1=married filing separate and lived with spouse
	Year spouse died, if qualifying surviving spouse (2021 or 2022)
	First name and initial
	Last name
	Title/suffix
Taxpayer	Social security number
. anpayo.	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	First name and initial
	Last name
	Title/suffix
Spouse	Social security number
Ороцоо	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	In care of
	Street address
Address	Apartment number
7.00.000	City
	State
	ZIP code
Foreign	Region
Address	Postal code
	Country

### Filing Status

1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying surviving spouse (QSS)

2023	1040	US	Client Information (continued)		Page 2  1 p2
			Please add, change or delete information for 2023.		
CLIE	NT INFO	RMATION			
Taxpayer Contact Information	xpayer ontact rmation  Home phone  Work phone  Work extension  Daytime phone (table)  Mobile phone  Fax number  E-mail address			Daytim 1 = W 2 = H 3 = W	ome
Spouse Contact Information	Home phor Work phon Work exter Daytime ph Mobile pho Fax numbe	ne			
Taxpayer Authentication	Driver's lice Driver's lice Issue date Expiration	ense noense state (m/d/y)date (m/d/y) ction PIN			
Spouse Authentication	Driver's lice Driver's lice Issue date Expiration	ense noense state (m/d/y)date (m/d/y) ction PIN			
	The process		•••		

2023 1040 US Dependents

Please add, change or delete information for 2023.

## **DEPENDENTS**

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

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2023	1040	US	Miscellaneous Questions					
	If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.							
YES	NO	Did your r	marital status change during the year?					
		Did your a	address change during the year?					
		Could you	be claimed as a dependent on another person's tax return?					
		Were ther	re any changes in dependents?					
		Did you a	nd your dependents have health care coverage for the full-year?					
		Did you re	eceive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.					
		Did you re	eceive unreported tip income of \$20 or more in any month?					
		Did you re	eceive any disability income?					
		Did you b	uy or sell any stocks, bonds or other investment property?					
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?					
		Did you m energy so	nake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell purces?					
			eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?					
		Did you tr	ransfer or rollover any amount from one retirement plan to another?					
		Did you c	onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?					
		Did you, y	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or I school?					
			ncur a loss because of damaged or stolen property?					
		Did you u	se your car on the job (other than to and from work)?					
		May the I	RS discuss your tax return with your preparer?					
		Was your	home rented out or used for business?					
		Were you	notified or audited by either the IRS or the State taxing agency?					
		At any tin	ne during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of digital asset?					

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Amount Paid Date Paid Ts Descripagement applied from 2022 Ist quarter payment End quar	Paq
DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)  =direct deposit of federal tax refund into bank account	) 3,
edirect deposit of federal tax refund into bank account electronic payment of balance due electronic payment of estimated tax  BANK INFORMATION  Percent to Deposit (xx.xx) Routing Number Account Number  2023 ESTIMATED TAX / 1040-ES (6) Federal Amount Paid Date Paid Ts Everpayment applied from 2022 st quarter payment rd quarter payment th quarter payment Additional Estimated Tax Payment ord quarter payment rd quarter payment Additional restimates  State Amount Paid Date Paid Ts  Everpayment applied from 2022 st quarter payment Additional Estimated Tax Payment In quarter payment	
electronic payment of balance due electronic payment of estimated tax  BANK INFORMATION  Percent to Deposit (xx.xx) Routing Number Account Number  2023 ESTIMATED TAX / 1040-ES (6) Federal Amount Paid Date Paid Ts  Everpayment applied from 2022 st quarter payment In quarter payment th quarter payment Additional Estimated Tax Payments  State Amount Paid Date Paid Ts  Everpayment applied from 2022 st quarter payment Tax Payments  State Amount Paid Date Paid Ts  Everpayment applied from 2022 st quarter payment Tax Payment	
Name of Bank  Percent to Deposit (xx.xx) Routing Number  Account Number  2023 ESTIMATED TAX / 1040-ES (6)  Ederal  Amount Paid  Date Paid  TS  Deerpayment applied from 2022  st quarter payment  rd quarter payment  th quarter payment  Additional Estimated Tax Payment  ordered applied from 2022  st quarter payment  Additional Estimated Tax Payment  rd quarter payment  rd quarter payment  Additional Estimates  State  Amount Paid  Date Paid  TS  Amount Paid  Date Paid  TS  Additional Estimates  Additional Estimated Tax Payment  rd quarter payment  rd quarter payment  Additional Estimated Tax Payments	
Name of Bank    Coulomb	
Amount Paid Date Paid Ts Descripagement applied from 2022 Ist quarter payment End with extension End quarter payment applied from 2022 End quarter payment End quarter pay	Type of Type of Account Invest. (Table 1) (Table 2
Amount Paid Date Paid Ts Descripagement applied from 2022 Ist quarter payment End quar	
Diverpayment applied from 2022  Ist quarter payment  Indiquarter payment  Ist quarter payment	
Diverpayment applied from 2022 Ist quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment Additional Estimated Tax Payments  Paid with extension Former spouse SSN if joint estimates  State Amount Paid Date Paid Ts  Diverpayment applied from 2022 Ist quarter payment 2nd quarter payment Additional Estimated Additional Estimated  Additional Estimated	2023
Ist quarter payment	Voucher Amount
Indiquarter payment and quarter payment applied from 2022 st quarter payment and quart	
rd quarter payment	
th quarter payment.  Additional Estimated Tax Payments  Paid with extension.  Former spouse SSN if joint estimates  State  Amount Paid  Date Paid  TS  Payment applied from 2022  St quarter payment Indigent Indige	
Additional Estimated Tax Payments  Paid with extension Former spouse SSN if joint estimates  State  Amount Paid  Date Paid  Ts  Poerpayment applied from 2022  st quarter payment Ind quar	
Tax Payments  aid with extension  cormer spouse SSN if joint estimates  State  Amount Paid  Date Paid  Ts  Exterpayment applied from 2022  Indicator payment  Indicat	
Tax Payments  Paid with extension Former spouse SSN if joint estimates  State  Amount Paid  Date Paid  Ts  Diverpayment applied from 2022  st quarter payment  and quarter payment  ard quarter payment  th quarter payment  Additional Estimated  Tax Payments	
Paid with extension	
State Amount Paid Date Paid Ts  Overpayment applied from 2022 st quarter payment Indicator payment Ind	
State Amount Paid Date Paid Ts  Overpayment applied from 2022 st quarter payment Indicator payment Ind	
Amount Paid Date Paid TS  Overpayment applied from 2022 st quarter payment and quarter payment th quarter payment Additional Estimated Tax Payments  Amount Paid Date Paid Ts  Amount Paid Date Paid Ts	
St quarter payment applied from 2022  st quarter payment	
St quarter payment applied from 2022  st quarter payment	2023
st quarter payment	Voucher Amount
nd quarter payment	
rd quarter payment	
Additional Estimated Tax Payments	
Additional Estimated Tax Payments	
Tax Payments	
Tax Payments	
Paid with extension	
Paid with extension	
aid with extension	
1 Type of Account 2 Type of Investment	
Type of Account	
1 = Savings 2 = Checking 1 = Checking or savings (default) 2 = Taxpayer's IRA (next year limits) 3 = Spouse's IRA (next year limits) 4 = Health savings account (HSA) 5 = Archer MSA  1 = Checking or savings (default) 6 = Coverdell savings ar 7 = Other 8 = Taxpayer's IRA (currents) 9 = Spouse's IRA (currents) 5 = Archer MSA	rent year limits)

**ORGANIZER** Page 6 Direct Deposit & Estimates (Form 1040 ES) (cont.) US 1040 7.1 2023 Please enter all pertinent 2023 information. **APPLICATION OF 2023 OVERPAYMENT (7.1)** If you have an overpayment of 2023 taxes, do you want the excess refunded? or applied to 2024 estimate? Other (please explain): 2024 ESTIMATED TAX INFORMATION Do you expect your 2024 taxable income to be different from 2023? If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2024 withholding to be different from 2023? If "yes" explain any differences: 7.1

**ORGANIZER** 

Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 US 2023 1040 Please enter all pertinent 2023 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference. WAGES, SALARIES, TIPS (10) Wages, Tips, Other 1=retirement Tax Withheld plan (Box 13) Social Name of Employer (Box c) Federal Medicare State Local Compensation Security (Box 4) No (Box 17) (Box 19) 2022 (Box 2) (Box 6) 1=spouse (Box 1) Wages PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Value of Taxable Gross Distribution code #1 all IRAs Amount (Box 2a) Distribution Name of Payer Federal State 2022 at No 1=IRA/SEP/SIMPLE (Box 1) (Box 4) (Box 14) 12/31/23 Distribution 1=spouse GAMBLING WINNINGS (W-2G) (13.2) Tax Withheld **Gross Winnings** Name of Payer 1=spouse 2022 (Box 1) No Federal (Box 4) State (Box 15) Local (Box 17) Winnings **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2023 Amount TS 2022 Amount Total gambling losses..... Winnings not reported on Form W-2G . . . . . . .

10, 13.1, 13.2

2023 1040 US Interest & Dividend Income 11, 12

Please enter all pertinent 2023 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

## **INTEREST INCOME (11)**

	Name of Paver		Interest Income		Tax-Exem	pt Interest	Early Withdrawal		
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Penalty (Box 2)	2022 Interest

## **DIVIDEND INCOME (12)**

		1_taypayo	-	Di	vidend Incor	me		Tax-Exem	pt Interest	Foreign	
No.	No. Name of Payer	2=spouse	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 7)	2022 Dividends
	•				•	•	•				

2023 1040 US Miscellaneous Income 14.1

Please enter all pertinent 2023 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME	2023 Amount		2022 Amount		
	Taxpayer	Spouse	Taxpayer	Spouse	
Social security benefits (SSA-1099, box 5)				-	
Medicare premiums paid (SSA-1099)					
1=treat Medicare premiums paid as SE health ins.					
Tier 1 RR retirement benefits (RRB-1099, box 5)					
1=lump-sum election for SS benefits					
Alimony received					
Taxable scholarships and fellowships					
Jury duty pay					
Household employee income not on W-2					
Excess minister's allowance					
Alaska permanent fund dividends					
Income from rental of personal property					
Activity not engaged in for profit income					
Olympic & Paralympic medals & USOC prize money					
Prizes and awards					
Stock Options					
· · · · · · · · · · · · · · · · · · ·					
Strike or lockout benefits (other than bona fide gifts)					
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes					
Wages earned while incarcerated not on W-2					
Income subject to S/E tax: (1099-NEC, box 1)	•				
-					
ther income (1099-MISC, box 3, 8)					
Her meditic (1077 Wilder, box 3, 6)					
-					
<u></u>					
Form 1099-K					
Amount of sale proceeds from Form 1099-K for					
personal item(s) sold at a loss					
Amount from Form 1099-K that was incorrectly reported					
, ,	ı				
TAX WITHHELD (not entered elsewhere)					
Federal income tax withheld					
State income tax withheld					
Local income tax withheld					
	l				

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2023	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

Please add, change or delete 2023 information as appropriate. Be sure to attach all 1099-G forms.

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

OHEIM E	TIMENT COMPENSATION (FOITH 1099-G)	2023 1099-G Amount
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2023 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2).	
	1=city or local income tax refund	
	Tax year for box 2 if not 2022 (Box 3)	
	Federal income tax withheld (Box 4)	
No.	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	
	otato moone tax withing (Box 11)	
	Name of payer	
	1=spouse.	
	Unemployment compensation:	
	Total received (Box 1)	
	2023 Overpayment repaid	
	State and local refunds:	
	State and local returns.  State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	I	
	Tax year for box 2 if not 2022 (Box 3)	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:  Federal taxable amount (Box 6)	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:  Agriculture payments (Box 7)	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:  Agriculture payments (Box 7)  1=agriculture payments are from conservation reserve program	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:  Agriculture payments (Box 7)  1=agriculture payments are from conservation reserve program  Market gain (Box 9)	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:  Agriculture payments (Box 7)  1=agriculture payments are from conservation reserve program  Market gain (Box 9)  Number of farm	
No.	Tax year for box 2 if not 2022 (Box 3)  Federal income tax withheld (Box 4)  RTAA payments (Box 5)  Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:  Agriculture payments (Box 7)  1=agriculture payments are from conservation reserve program  Market gain (Box 9)	

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2023	1040	US	Itemized Deductions	25	

Please enter all pertinent 2023 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

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NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2023 Amount	TS	2022 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			
·			
TAYES DAID (2)			
TAXES PAID (State and local withholding and 2023 estimates are auto	omatic.)		
State income taxes - 1/23 payment on 2022 state estimate			
State income taxes - paid with 2022 state return extension			
State income taxes - paid with 2022 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/23 payment on 2022 city/local estimate			
City/local income taxes - paid with 2022 city/local extension			
City/local income taxes - paid with 2022 city/local return			
SALES AND USE TAXES PAID			
State and local sales taxes (except autos and special items)			
Use taxes paid on 2023 purchases			
Use taxes paid with 2022 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			
OTHER TAXES PAID			
Real estate taxes - principal residence:			
-			
Real estate taxes - held for investment :			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes.			
Other taxes:			
Ulliel lakes.		1 1	

2023 1040 US Itemized Deductions (continued) 25 p2

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference
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me mortgage int. (Box 1) and points (Box 2) reported on Fo	orm 1098:	2023 Amount	TS	2022 Amount
_				
Home mortgage interest not reported on Form 1098:				
Payee's name				
Payee's SSN or FEIN				
Payee's street address				
Payee's city				
Payee's state				
Payee's ZIP code				
Payee's region				
Payee's postal code				
Payee's country				
Amount paid				
ints not reported on Form 1098:				
·				
vestment interest (interest on margin accounts):				
,				
ssive interest				
OTE: Points paid on loans other than to buy, build, or impro For these types of loans also provide the dates and liv	ove your main home a ves of the loans.	are deductible over t	the life of	the mortgage.
For these types of loans also provide the dates and lives ASH CONTRIBUTIONS	es of the loans.			
For these types of loans also provide the dates and liv	ves of the loans.  In a unless the donor m	naintains a bank rec	ord, or a v	
For these types of loans also provide the dates and live ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization	ves of the loans.  In a unless the donor man, contribution date(s)	naintains a bank rec	ord, or a v	
For these types of loans also provide the dates and live ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization curches, schools, hospitals, and other charitable organization.	ves of the loans.  In a unless the donor man, contribution date(s)	naintains a bank rec	ord, or a v	
For these types of loans also provide the dates and live ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization	ves of the loans.  In a unless the donor man, contribution date(s)	naintains a bank rec	ord, or a v	
For these types of loans also provide the dates and live ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization curches, schools, hospitals, and other charitable organization.	ves of the loans.  In a unless the donor man, contribution date(s)	naintains a bank rec	ord, or a v	
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For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:	ns unless the donor man, contribution date(s)	naintains a bank rec	ord, or a v	
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:  Volunteer expenses (out-of-pocket)	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank rec	ord, or a v	
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank rec	ord, or a v	
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization urches, schools, hospitals, and other charitable organization Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank reco , and contribution an	ord, or a v	vritten communication
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  terans' organizations, fraternal societies, nonprofit cemeter	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank reco , and contribution an	ord, or a v	vritten communication
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization curches, schools, hospitals, and other charitable organization Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank reco , and contribution an	ord, or a v	vritten communication
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  terans' organizations, fraternal societies, nonprofit cemeter	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank reco , and contribution an	ord, or a v	vritten communication
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  terans' organizations, fraternal societies, nonprofit cemeter	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank reco , and contribution an	ord, or a v	vritten communication
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  terans' organizations, fraternal societies, nonprofit cemeter	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank reco , and contribution an	ord, or a v	vritten communication
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  terans' organizations, fraternal societies, nonprofit cemeter	ns unless the donor man, contribution date(s) ns (60% limitation):	naintains a bank reco , and contribution an	ord, or a v	vritten communication
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization urches, schools, hospitals, and other charitable organization Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  terans' organizations, fraternal societies, nonprofit cemeter Contributions by cash or check:	ies, and certain priva	naintains a bank reco , and contribution an	ord, or a v	vritten communication
For these types of loans also provide the dates and like ASH CONTRIBUTIONS  OTE: No deduction is allowed for cash or check contribution from the donee, showing the name of the organization contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  terans' organizations, fraternal societies, nonprofit cemeter	ies, and certain priva	naintains a bank reco , and contribution an	ord, or a v	vritten communication

2023 1040 US Itemized Deductions (continued) 25 p3

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

## **NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions ar	e over \$500.	. No deduction is allowed	d for contributions	of clothing and household item:	S
that are not in <i>good</i> used condition or better.	In addition.	a deduction for any iter	n with minimal mo	onetary value may be denied.	

0% limitation (see above): Г	2023 Amount	TS	2022 Amount
(limitation (see shous))			
S limitation (see above):			
o capital gain property (girts or capital gain property to 50% limit orgs.).			
 % capital gain property (gifts of capital gain property to non-50% limit orgs.):			
to right property (girls or capital gain property to non-30% limit orgs.).			
ion and professional dues		ACT (su	ubject to 2% AGI limit)
ion and professional dues.		ACT (su	ubject to 2% AGI limit)
nion and professional dues		ACT (su	ubject to 2% AGI limit)
ion and professional dues.		ACT (su	ubject to 2% AGI limit)
nion and professional dues		ACT (su	ubject to 2% AGI limit)
nion and professional dues		ACT (su	ubject to 2% AGI limit)
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses		ACT (su	ubject to 2% AGI limit)
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses		ACT (su	ubject to 2% AGI limit)
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses		ACT (su	ubject to 2% AGI limit)
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses		ACT (su	ubject to 2% AGI limit)
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses		ACT (su	ubject to 2% AGI limit)
state MISC. DEDS. IF NON-CONFORMING TO TAX nion and professional dues		ACT (su	ubject to 2% AGI limit)
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses		ACT (su	ubject to 2% AGI limit)
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:		ACT (su	ubject to 2% AGI limit)
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:    x return preparation fee		ACT (su	ubject to 2% AGI limit)
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:    x return preparation fee		ACT (su	ubject to 2% AGI limit)
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:		ACT (su	ubject to 2% AGI limit)
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:		ACT (su	ubject to 2% AGI limit)
ther unreimbursed employee expenses (uniforms and protective clothing, rofessional subscriptions, employment agency fees, and certain edu. expenses		ACT (su	ubject to 2% AGI limit)

2023	1040	US	Itemized Deductions (continued)	25 n4
2023	1010	00	nternized beddetteris (continued)	

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

ER MISCELLANEOUS DEDUCTIONS	2023 Amount	TS	2022 Amount
tax, section 691(c)			
niscellaneous deductions:			
	_		

2023 1040 US Itemized Deductions (continued) 25 p5

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

- 1. Total home equity debt exceeded \$100,000 at any time during 2023 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
- 2. Total home acquisition debt exceeded \$750,000 at any time during 2023 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

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

## Please enter all pertinent 2023 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

	2023 Amount	TS	2022 Amount
air market value of the property on the date that the last debt was secured			
ome acquisition and grandfather debt on the date that the last debt was secured			
OAN INFORMATION			
oan #1			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid.			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2023			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2023			
Grandfather debt balance - beginning of year			
pan #2			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2023			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2023			
Grandfather debt balance - beginning of year			
Form			
1 = Schedule A (defai 2 = Business use of h	ult) nome		
3 = Schedule E			

25 p5

**Itemized Deductions (continued)** US  $25_{\ p5\ cont}$ 2023 1040

Please enter all pertinent 2023 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

## **LOAN INFORMATION (continued)**

Loan #3	2023 Amount	TS	2022 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2023			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2023			
Grandfather debt balance - beginning of year			
Loan #4			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2023			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2023			
Grandfather debt balance - beginning of year			

#### Form

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