2023 TAX ORGANIZER

T O

This tax organizer has been prepared for your use in gathering the information needed for your 2023 tax return.

To save you time, selected information from your 2022 tax return has been entered in this organizer. Please line through any information that does not apply to your 2023 tax return.

In some cases, 2022 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

2023 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.

Date
Date

Thank you for selecting Malloy, Montague, Karnowski, Radosevich & Co., P.A. to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your 2023 federal and all state income tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. We have enclosed an Organizer to help you gather the information required for a complete return. If you use the Organizer, it will help you avoid overlooking important information and contribute to accurate and efficient preparation of your returns. It will also keep the cost of our services as low as possible.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, cancelled checks, and other data, that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign the Form 8879 authorization.

<u>Our</u> work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work <u>we</u> will do is that which is necessary for preparation of your income tax returns. If we discover any errors or omissions on a prior year return, we will bring them to your attention.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the more-likely-than-not reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your returns.

The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call us.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments <u>are</u> subject to appeal. In the event of a tax examination, <u>we</u> can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms <u>we</u> agree on for that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will retain copies of records you supplied to <u>us</u> along with <u>our</u> workpapers for your engagement for a period of four years. After four years, <u>our</u> workpapers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

If there <u>are</u> other returns you expect <u>us</u> to prepare, such as gift or property, please inform <u>us</u> by noting these just below your signature at the end of the returned copy of this letter.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign this letter in the space indicated and return it to us, along with your Organizer. If our firm does not receive this letter from you, in fully executed form, but receives from you a completed copy of the enclosed Organizer and/or supporting documentation requested, then such receipt by this office shall be deemed to evidence your acceptance of all of the terms set forth above.

We appreciate	your confidence ir	n us. Please call if you have questions.
Sincerely,		
Malloy, Montag	ue, Karnowski, Ra	adosevich & Co., P.A.
(Both taxpayer	and spouse must	sign for preparation of joint returns)
Accepted By:	(Taxpayer)	
	(Spouse)	
Date:		

	<u>Form</u>	
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Additional Information



Personal Information

Taxpayer:	t Name and Initial		Last Name						S	ocial Security	Number	_
										Johan Goodiniy		
Occi	upation		Date of Birt	h (Mo/Da/Y	/r) [Date of Deat	h (Mo/Da/\	(r)				
Drive	er's License or State-Issued ID Nu	ımber	Expiration [Date (Mo/D	a/Yr) I	ssue Date (I	Mo/Da/Yr)		ate	Doe	s not exp	ire
	Driver's License	State-Issued ID	No le	dentificatio	n							
Spouse:												
First	t Name and Initial		Last Name						So	ocial Security	Number	
Occi	upation		Date of Birt	h (Mo/Da/Y	<u>(r)</u> [Date of Deat	h (Mo/Da/\	(r)				
Drive	er's License or State-Issued ID Nu	ımber	Expiration [Date (Mo/D	a/Yr) I	ssue Date (f	Mo/Da/Yr)		ate	Doe	s not exp	ire
	Driver's License	State-Issued ID	No le	dentification	n							
Contact Information:	et Address								At	partment Num	ber	_
									. ,			
City				State					ZI	P or Postal C	ode	
Fore	eign Province or County			_								
Fore	eign Country			_								
Тахр	payer Daytime/Work Phone	Taxpayer Evening/Hom	ne Phone	Taxpayer F	oreign P	hone						
Тахр	payer Cell Phone	Taxpayer Fax Number										
Spor	use Daytime/Work Phone	Spouse Evening/Home	Phone	Spouse Fo	reign Ph	one						
Spor	use Cell Phone	Spouse Fax Number										
Тахр	payer Email Address											
Spor	use Email Address											
Pref	erred Method of Contact											
								Yes	No			
May the IRS or other taxing authors is the taxpayer claimed as a depe												
. ,							[Тахр	ayer	S	oouse	
								Yes	No	Yes	N	0
Are you considered legally blind p	er IRS regulations?											
Do you want to contribute to the I		paign Fund?									-	\dashv
Are you a U.S. citizen or Green Ca	ard holder?										ļ L	_
Personal Identification Numbers	S: Code - 1 - Issued by	y IRS 2 - Issued by	/ State or Ci	ty					•			
The IRS has recommended that ta filling security. If you would like an have one but do not know the IR I	IP PIN for yourself, your	spouse, or your dep	oendents or		TS	State	City	'	Code	P	IN	

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.



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
Α						
В						
С						
D						
E						
F						
G						
Н						

Did dependent have income over \$4,700?

			\forall	
	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
Α				
В				
С				
D				
Е				
F				
G				
Н				

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					
13	Employer's Name	Taxable wages	Federal	FICA/TIER 1	Medicare	State	Local	



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 2022, your account information is already included below. Would you like any refunds owed to you directly deposited? Would you like to pay any amount due on your federal return using electronic withdrawal? 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? Would you like to pay any amount due on your state return(s) using electronic withdrawal? 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? 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 federal return using electronic withdrawal? Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Routing Transit Number (RTN) **IRA Savings** Type of account: Checking **Traditional Savings** Archer MSA Savings Coverdell Ed. Savings **HSA Savings** Is this a business account? Yes Nο Account owner Spouse .loint Taxpayer I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ______ Yes No Would you like any refunds owed to you directly deposited? Would you like to pay any amount due on your federal return using electronic withdrawal? 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? Would you like to pay any amount due on your state return(s) using electronic withdrawal? 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? 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 federal return using electronic withdrawal? Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Routing Transit Number (RTN) Account number Checking **Traditional Savings IRA Savings** Type of account: Archer MSA Savings Coverdell Ed. Savings **HSA Savings** Is this a business account? Joint Account owner **Taxpayer** Spouse

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



Interest Income and Foreign Information

	ecial Interest Code	e: nal Series EE Bonds		r Financed 3 - Early Withd e Interest 4 - Nominee In		ty 5 - Acc	crued In	terest sue Discour	nt Adius	tment	7 - Amortizable Bo Premium Adjustme
	quamica Educatio	nar conto LL bondo	mortgag	o microst	1101001	0 011	giriai ioc	ouo Diocoui	it / tajao	V	T Tomam 7 tajaotin
TS	J	Sou	irce		Interest	Income		S. Bonds a Obligation		Code	Special Interes
				Tax	-Exempt In	terest Coo	de: 1-	1099-INT	2 - Pri	vate Act	ivity Bond 3 - Bot
So	cial Security No.	Address	of Indivi	dual from Whom Mortg	age Intere	st Was Re	eceivec	i	Code		Tax-Exempt
	of Home Buyer										Interest
	Federal	State		Investment	Tayl	Exempt Pa	nid	2022 lı	nterest	-	
	Withholding	Withhold		Expenses		USIP No.			ount		
reig	ın Taxes Paid	or Accrued:									
	So	ource		Name of Foreign Coul	ntry	X if Tax Accrued	or A	e Paid ccrued	(in Fo	mount preign	Tax Amoun
				impooning rux		71001404	(IVIO/	Da/Yr)	Curr	ency)	(iii Gioi Bellai
diti	onal State Info	ormation:									
	Payer ID			New Hampshire or I	Ilinois Rea	son Inter	est is N	lontaxabl	е		
reig	ın Bank Acco	unts and Trust	s:								Vaa
				n or a signature authority ecurities account or othe							Yes



Dividend Income and Foreign Information

- 1	d Income:			(List all items	sold during the					_
		0	-	Box 1a	Box 1b	Form 1099-E				
TSJ		Source		Total Ordinary Dividends	Qualified Dividends	Amoun Percent in	t or	Code	Tax-Exempt Interest	
								A		
			Form	1099-DIV					Tau Fuanant Inte	t Od
Tot	Box 2a tal Capital Gain stribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectible (28%) Gair		dend C	2022 Gross Dividend Amount		Tax-Exempt Inte 1 - 1099-DIV 2 - Private Activ 3 - Both	
			099-DIV							
	Box 4	Box 5 Section 199A	Box 6 Investment	State						
	Federal thholding	Dividends	Expenses	Withholdin	ig ————————————————————————————————————					
				Withholdin	1 9					
				Withholdin	9					
				Withholdin						
Wi	thholding	Dividends	Expenses	Withholdin						
Wi	Taxes Pa		Expenses	Name of Foreigr	Country	X if Tax Accrued	or Ac	Paid crued Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amo (in U.S Dollars
Wi	Taxes Pa	Dividends	Expenses	Name of Foreigr	Country		or Ac	crued	(in Foreign	(in U.S
Wi	Taxes Pa	Dividends	Expenses	Name of Foreigr	Country		or Ac	crued	(in Foreign	(in U.S
Wi	Taxes Pa	Dividends	Expenses	Name of Foreigr	Country		or Ac	crued	(in Foreign	(in U.S
Wi	Taxes Pa	Dividends	Expenses	Name of Foreigr	Country		or Ac	crued	(in Foreign	(in U.S
wi	Taxes Pa	Dividends	Expenses	Name of Foreigr	Country		or Ac	crued	(in Foreign	(in U.S
wi	Taxes Pa	Dividends id or Accrued: Source	Expenses	Name of Foreigr Imposing	Country	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
wi	Taxes Pa	Dividends id or Accrued: Source	Expenses	Name of Foreigr Imposing	n Country Tax	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
wi	Taxes Pa	Dividends id or Accrued: Source	Expenses	Name of Foreigr Imposing	n Country Tax	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
wi	Taxes Pa	Dividends id or Accrued: Source	Expenses	Name of Foreigr Imposing	n Country Tax	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
wi	Taxes Pa	Dividends id or Accrued: Source	Expenses	Name of Foreigr Imposing	n Country Tax	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S



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 2023:		Yes No
Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing invent Were you involved in the operations of this business on a regular, continuous and substantial basis? Have you prepared or will you prepare all required Forms 1099?	(Mo/Da/Yr) ory?	
Health insurance premiums paid for yourself and your dependents		
Income: Payment card and third party transactions: Include all Forms 1099-K		
Description	2023 Amount	2022 Amount
Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC		
Other Income:		
Other gross receipts or sales Less returns and allowances		-
Cost of Goods Sold:	2023 Amount	2022 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:	Γ	T
Description	2023 Amount	2022 Amount
Ending inventory		



Name of Business:				
Principal Business or Profession:				
Expenses:			2023 Amount	2022 Amount
Advertising				
Car and truck expenses				
Parking fees and tolls				
Commissions and fees				
Contract labor				
Employee benefit programs and health insurance (other than				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Legal and professional fees				
D :				
Rent or lease - vehicles, machinery and equipment				
Rent or lease - other business property				
Repairs and maintenance				
_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
Taxes and licenses				
Travel				
Meals				
Entertainment (deductible only on some state returns)				
Utilities				
Wages				
Dependent care benefits				
Description			2023 Amount	2022 Amount
Property and Equipment: Include a list if more	e space is neede	ed		
X if not new Acquisitions - De	escription		Date Acquired (Mo/Da/Yr)	Cost
Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price
	((
T. Control of the con	1	ĺ	1	





Business Expenses - Vehicle and Other Listed Property

Name of Business:							
Principal Business or Profession:							
Listed Property Questions for 2023:				Yes N			
Do you have evidence to support the busines	ss use percentage claime	ed on listed property?					
If you are an employer who provides vehic	les for use by employee	es:		Vaa N			
Do you maintain a written policy statemer	nt that prohibits all person	nal use of vehicles, inclu	ding commuting, by your employees?	Yes N			
Do you maintain a written policy statemer	nt that prohibits personal	use of vehicles, except	commuting, by your employees?				
Do you treat all use of vehicles by employees as personal use?							
Do you meet the requirements for qualifie vehicle use by individuals other than full personal possessions in the vehicle are	ull-time vehicle salespers	ons, use for personal va-	cation trips, storage of				
Vehicle:	Veh	icle 1	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? Was your vehicle available for use during off-duty hours?	Yes No		Yes No				
Mileage:	2023 Miles	2022 Miles	2023 Miles 202	22 Miles			
Total miles Total business miles Total commuting miles for the year							
Actual Expenses:	2023 Amount	2022 Amount	2023 Amount 2022	? Amount			
Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases							

Business Use of Home

6D

lame of Bu	siness:				
rincipal Bu	siness or Profession:				
artial Use	of Your Home for Business:			2023	2022
Square foot	age of home used exclusively for busines	s			
Total square	e footage of home				
Total hours	home was used for day care during the year	ear			
					Yes
•	ome used for day care purposes for the er	,			
Were impro	vements made to the home and/or home	office since the time yo	u began using the hom	e for business?	
xpenses:	Enter all expenses at 100 per	cent			
-					
•	nses benefit the business part of your hor e: Cost of painting or repairs made to the		sed for business.		
	enses are required for keeping up and rur e: Real estate taxes.	nning your entire home.			
		Direct E	xpenses	Indirect E	Expenses
		2023 Amount	2022 Amount	2023 Amount	2022 Amount
Casualty los	sses				
Deductible i	mortgage interest paid to:				
Financia	ıl institutions				
Individua	als				
Real estate	taxes				
Insurance					
Repairs and	I maintenance				
Utilities .					
Rent					
ther Exper	nses:				
		Direct E	xpenses	Indirect E	Expenses
	Description				

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

2023 Amount

2022 Amount

2023 Amount

2022 Amount



Sales of Stocks, Securities, Capital Assets & Installment Sales

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

ements for the year Yes No or options 30 days	
Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
Α				
В				
С				
D				
E				
F				
G				
н				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
Α				
В				
С				
D				
Е				
F				
G				
Н				

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2023 Principal Received	2022 Principal Received





Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new hom	es	
Former Home Information:		
TSJ (Mo/Da/Yr) Date acquired (Mo/Da/Yr) Date sold (Mo/Da/Yr)		
Selling price		
Original Cost and Cost of Improvements:		
Description	Am	nount
Sale Expenses: Commissions, legal fees, advertising and other expenses.		
Description	Am	nount
Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? 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? If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the was acquired or the date the mortgage was most recently renegotiated		ortgage
oving Expenses:		
TSJ		
Were the moving expenses reimbursed by your employer? Enter reimbursements not included in wages on your Form W-2	Yes	1
Was the move due to a permanent change of station pursuant to a military order?	Yes	
Mileage:	Mile	es
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		
Transportation Expenses:	An	nount
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.)		



Individual Retirement Account (IRA): Include all copies of	of Forms 10	99-R and 549	3.			
тѕ	<u>—</u>						
IRA Questions for 2023:						Yes	No
Are you covered by an employer's retire	ment plan?						
If no, is your spouse covered by an							
Do you want to limit your IRA contributi							
If no, do you want to contribute the for an IRA deduction?	maximum allowable amount to	-	though you may n	ot qualify			
Did you use any IRA as security for a loa							
Did you have any transactions with any							
If Yes, explain.	o ,						
Total value of all traditional IRAs on Dec Note: This information or Form 5498 Outstanding rollovers on December 31, Total distributions converted to Roth IR Total retirement plans converted to Roth Contributions: IRA: Contributions in 2023 for the 2023 to Contributions in 2024 for the 2023 to Amount for 2023 you choose to be to Roth IRA: Contributions made for the 2023 tax	is required if you received a di 2023 As IRAs As A	istribution durin					
Distributions: Include	all Forms 1099-R and a	any nontaxa	ble distribution	n details			
Name of Payer	2023 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a	2022 G Distribu	





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

TSJ	Name of Payer	2023 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2022 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R		
	Taxpayer	Spouse
Have you established a self-employed retirement or SIMPLE plan with deductible contributions? Do you want to contribute the maximum amount allowed?	Yes No	Yes No
Contributions to:	2023 Amount	2023 Amount
Simplified employee pension plan		
Defined benefit plan		
Defined contribution plan		
SIMPLE plan		





ocation of Property:		
TSJ		
Type of property		
		Yes No
Have you prepared or will you prepare all required Forms 1099?		
	2023	2022
Ourseship percentage if not 1000/	%	
Ownership percentage if not 100% How many days was this property rented at fair market value?	70	
How many days was this property used personally (including use by family members)?		
The many days was this property assurptionally (moldaling assurption by farmly members).		
ncome:	2023 Amount	2022 Amount
Rents received		
Royalties received		
Payment card and third party transactions: Include all Forms 1099-K		
Description	2023 Amount	2022 Amount
Description .	2020 Amount	LOLL AMOUNT
Miscellaneous income: Include all Forms 1099-MISC		
Description	2023 Amount	2022 Amount
Other income:		
Description	2023 Amount	2022 Amount
2000p.100.		





Location of Property:

penses:	2023 Amount	2022 Amoun
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
nsurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Jtilities		
Dependent care benefits		
Employee benefits Other Expenses:		
Description	2023 Amount	2022 Amoun
		-
		1



Partnership, S Corporation, Estate, Trust and REMIC Income

SJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity
	<u> </u>	Number	Paid by Entity
Corporatio	on Income: Include all Schedules K-1		
-			
SJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity
	Transit In a constant of the dayler of the dayler K. d.		
tate and 1	rust Income: Include all Schedules K-1		
			Employer ID
	rust Income: Include all Schedules K-1 Entity Name		Employer ID Number
			Employer ID Number
1			Employer ID Number
			Employer ID Number
			Employer ID Number
tate and T			Employer ID Number
SJ	Entity Name	Schedules Q	Employer ID Number
SJ	Entity Name	Schedules Q	Employer ID Number



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		
	2023 Amount	2022 Amount	2023 Amount	2022 Amount	
Unemployment compensation received					
Unemployment compensation repaid in 2023					
Social security benefits received					
Social security benefits repaid in 2023					
Medicare premiums withheld					
Tier 1 railroad retirement benefits received					
Tier 1 railroad retirement benefits repaid in 2023					
Total lump sum social security received					
Lump sum taxable social security					
Other federal withholding					
Other state withholding					

State and Local Income Tax Refunds:

тел	Chata	Tax		Income Tax Refund		
130	State	City	Year	State	Local	

Other Income:

TSJ	Nature and Source	2023 Amount	2022 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)	2023 Amount	2022 Amount



Edu	ıcat	or Expenses: Dec	duction for amou	ints paid by educators of	kindergarten thro	ough Grade 12		
	TS	2023 Amount	2022 Amount					
Hea	alth	Savings Accounts	(HSAs) Include	e all Forms 1099-SA				
	TS		De	escription		2023 Amount	2022 Amou	ınt
		Contributions made for	2023					
		Distributions received fr	rom all HSAs in 2023					
Wer	e any	e of coverage applies to HSA contributions listed distributions from your H	d above also shown o	n your Form W-2?	Family			No
ŀ	f Yes,	r your spouse enroll in N , what month did you en month did your spouse e	roll?					
Oth	er A	Adjustments to Inc	ome: Include al	II Forms 1098-E for Stude	nt Loan Interest	Paid		
	TSJ		Nature	e and Source		2023 Amount	2022 Amou	ınt



Ju. 0	cal and Dental Expenses:	TSJ	2023 Amount	2022 Amount
	scription medicines and drugs			
	Il medical insurance premiums paid *			
	g-term care expenses			
Total insurance reimbursement				
	nber of miles traveled for medical care			
	sonal protective equipment			
	ging			
	tors, dentists, etc.			
	pitals			
	fees			
Eyeç	glasses and contacts			
		Г		
			2023 Amount	2022 Amount
Taxp	payer long-term care insurance premiums paid			_
Spo	use long-term care insurance premiums paid	L		
* Do	not include Medicare premiums or premiums deducted in computing taxable wages repo	orted on	a W-2.	
her	Medical Expenses:			
TSJ	Description		2023 Amount	2022 Amount
TSJ	Description		2023 Amount	2022 Amount
TSJ	Description		2023 Amount	2022 Amount
TSJ	Description		2023 Amount	2022 Amount
			2023 Amount	2022 Amount
	Description Paid: Include copies of your tax bills	TSJ	2023 Amount	2022 Amount
xes	Paid: Include copies of your tax bills	TSJ		
xes Pers	s Paid: Include copies of your tax bills sonal property taxes paid (include vehicle taxes)	TSJ		
xes Pers	Paid: Include copies of your tax bills	TSJ		
xes Pers	s Paid: Include copies of your tax bills sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items	TSJ		
xes Pers Gen	S Paid: Include copies of your tax bills Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state.	TSJ	2023 Amount	2022 Amount
xes Pers Gen	s Paid: Include copies of your tax bills sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items	TSJ		
Pers Gend	S Paid: Include copies of your tax bills Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state.	TSJ	2023 Amount	2022 Amount
xes Pers Gen	S Paid: Include copies of your tax bills Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state.	TSJ	2023 Amount	2022 Amount
xes Pers Gen	S Paid: Include copies of your tax bills Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state.	TSJ	2023 Amount	2022 Amount
xes Pers Gen Item	S Paid: Include copies of your tax bills Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items size real estate taxes by state. Real Estate Taxes	TSJ	2023 Amount	2022 Amount
Pers Gen Item	S Paid: Include copies of your tax bills Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state.	TSJ	2023 Amount	2022 Amount
xes Pers Gen Item TSJ	Paid: Include copies of your tax bills sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state. Real Estate Taxes Taxes Paid:	TSJ	2023 Amount 2023 Amount	2022 Amount 2022 Amount
xes Pers Gen	S Paid: Include copies of your tax bills Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items size real estate taxes by state. Real Estate Taxes	TSJ	2023 Amount	2022 Amount
Xes Pers Gen Item TSJ	Paid: Include copies of your tax bills sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state. Real Estate Taxes Taxes Paid:	TSJ	2023 Amount 2023 Amount	2022 Amount 2022 Amount
Pers Gen Item	Paid: Include copies of your tax bills sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state. Real Estate Taxes Taxes Paid:	TSJ	2023 Amount 2023 Amount	2022 Amount 2022 Amount



Itemized Deductions - Mortgage Interest and Points

ortg	age Questions for 2023:						Yes	No
Did y If Did y If If	Yes, how many years is your new you purchase a new home or sell you a Yes, enclose the closing statement Yes, also, did you (or your spouse during the 3 year period prior to the Yes, did you (and your spouse, if response).	our former home during the year? Ints from the purchase and sale of your Its from the purchase and sale of your Its from the purchase and sale of your Its from the purchase of this home? Interview at the time of purchase) own ar Its year period during the 8 year period en	new and former t in a principal re	homes. esidence in	the US			
)IIIC	mortgage interest raid re	- Individual modications.		Receive				
TSJ		Paid To	Yes	1098? No	2023 Amount	2022	2 Amou	nt
her	Home Mortgage Interest F							
TSJ	Name	Paid To Address	ID Nu	mber	2023 Amount	at 2022 Amount		nt
duc	tible Points:							
TSJ		Paid To		Receive 1098? No	2023 Amount	2022	2 Amou	nt
						-		
	ment Interest Expense: est paid on money you borrowed th	nat is allocable to property held for inve	estment.					
					2023 Amount	2022	2 Amou	nt
TSJ		Paid To						
TSJ		Paid To						



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

2022 Amount
2022 Amount
-
2022 Miles
ZOZZ WINCO
Cost or Basis
+
Method Acquisit
3 - Exchange



Itemized Deductions - Miscellaneous

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

Miscellaneous Itemized Deductions:		TSJ	2023 Amount	2022 Amount
Union and professional dues *				
Tax preparation fee *				
Professional subscriptions *				
Hobby expense (To extent of income) *				
Safe deposit box *				
Uniforms and protective clothing *				-
Work tools *				_
Fatata taura				
Other Itemized Deductions:				
Examples:				
 Certain legal and accounting fees * 				se of a disabled person
Investment expenses *		epaym	ent of amounts under a	claim of right
Custodial fees *	 Amortizable bond premium 			
TSJ	Description		2023 Amount	2022 Amount
				_
				_
				_
				_
Casualty or Thoft Loss:				
Casualty or Theft Loss:				
TSJ				
Property description				
Which of the following describes the type of pro	operty that sustained the casualty or theft loss?			
Personal use Business	use Income producing E	mploye		al use attributable to nt or bankrupt financial
			- IIISUIVE	on losses on deposits
Was the loss due to a federally declared disaste	er? Yes No			
Date acquired	. (Mo/Da/Yr)			
Date damaged or lost				
Original cost or other basis				
Fair market value before casualty				
Fair market value after casualty				
Cost of replacement				
la company de				
Insurance reimbursement				





Employee Business Expenses (Page 1 of 2)

····	E.L II		Table de all de a		
usiness Expens	es: Enter all expens	ses at 100 percent	Include all docu	imentation	
Occupation code .					· · · · <u> </u>
	4. Desfermely a sublet	O. Farabasia atata anta		5. Outside a de service	
	1 - Performing artist2 - Handicapped employee		cal government official	5 - Outside salesperson (Big Rapids, MI only)	
	2 - Haridicapped employee	4 - National Guard of h		(big hapids, ivii only)	
If not 100%, enter t	ne percentage to apply to S	chedule A			
,					
				2023 Amount	2022 Amount
Parking fees and to	lls				
	lls				
Local transportation					
Local transportation Travel expenses Meals	1				
Local transportation Travel expenses Meals Entertainment (ded	n 				
Local transportation Travel expenses Meals	n 	eturns)			
Local transportation Travel expenses Meals Entertainment (ded	n 				2022 Amount
Local transportation Travel expenses Meals Entertainment (ded	n 	eturns)			2022 Amount
Local transportation Travel expenses Meals Entertainment (ded	n 	eturns)			2022 Amount
Local transportation Travel expenses Meals Entertainment (ded	n 	eturns)			2022 Amount
Local transportation Travel expenses Meals Entertainment (ded Other Business Exp	uctible only on some state releases: De	eturns) scription sements NOT report		2023 Amount	
Local transportation Travel expenses Meals Entertainment (ded Other Business Exp	uctible only on some state reses:	eturns) scription sements NOT report			
Local transportation Travel expenses Meals Entertainment (ded Other Business Exp	uctible only on some state releases: De	sements NOT reports	ed	2023 Amount	
Local transportation Travel expenses Meals Entertainment (ded Other Business Experimetrs eimbursements Amount received for	uctible only on some state releases: De List only reimburs in Box 1 of your F	eturns) scription sements NOT reporte	ed	2023 Amount 2023 Amount	2022 Amount





Employee Business Expenses (Page 2 of 2)

ehicle: Include all documentation		
If not 100%, please enter the percentage to apply to Schedule A	%_	
Description of vehicle		
Date vehicle was placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for personal purposes? Was your vehicle available for personal use during off-duty hours?	Yes No	
was your vernore available for personal use during on duty nours:	2023	2022
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		
Description	2023 Amount	2022 Amount
2 SSSTIPAGE	2323 / WHOWITE	2022 Alliou



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

			'	_		
Were you or your spouse a full time stud	dent or disabled?				Yes	N
Did you pay an individual for services po	erformed in your home?				Yes	N
Expenses incurred in 2022 but paid in 2 Employer-provided dependent care ben 2022 carryover used in grace period	efits that were forfeited in 20					
-	•					
Provider 1:						
Observation all also and	· · · · · · · · · · · · · · · · · · ·					
	·····					
City, state, ZIP or postal code, and	d country					
	· · · · · · · · · · · · · · · · · · ·					
Employer identification number						
Telephone number (California only	y)					
Provider was a household employ	/ee	Yes No				
		2023 Amount	2022 A	mount		
Expenses incurred and paid in 202	23					
Expenses incurred and not paid in	2023					
Provider 2:						
N 1						
0	· · · · · · · · · · · · · · · · · · ·					
City, state, ZIP or postal code, and						
•	· · · · · · · · · · · · · · · · · · ·					
Employer identification number						
Telephone number (California only						
Provider was a household employ	/ee	Yes No	2000 4			
		2023 Amount	2022 A	mount		
Expenses incurred and paid in 202						
Expenses incurred and not paid in	2023					
ualifying Persons for Child/Dep	pendent Care Expense	es:				
First Name and Initial	Last Name	Social Security Number	Dis-	2023	2022	
		Number	abieu	Expenses Incurred	Expenses ii	ncur
		Tuition Fees Dedu				

Last Name

First Name and Initial

2023 Qualified Expenses

Social Security Number



Federal Tax Payments

202	3		

Refund Application:			
If you have an overpayment of 2023 taxes, do you want the excess:			
Refunded			
Federal Estimated Tax Payments:	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2023 1st Quarter Estimate (Due 04-18-2023) 2023 2nd Quarter Estimate (Due 06-15-2023) 2023 3rd Quarter Estimate (Due 09-15-2023) 2023 4th Quarter Estimate (Due 01-16-2024)			
2022 overpayment applied to 2023 estimate			
Tax Planning Information for Tax Year 2024:			
Do you expect any of the following to occur in 2024?			Yes No
A change in your marital status			
A change in the number of your dependents			
A substantial change in your income			
A substantial change in your withholding			
A substantial change in deductions			
If you answered Yes to any of the above questions, provide details.			



State and City Tax Payments

State and City Estimated Tax Payments:	TSJ State/City			
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid	
2023 1st Quarter Estimate 2023 2nd Quarter Estimate 2023 3rd Quarter Estimate 2023 4th Quarter Estimate If you have an overpayment of 2023 taxes, do you				
			Yes No	
2022 overpayment applied to 2023 estimate Balance of prior year(s)' tax paid in 2023 plus amount paid with 2022 extensions Estimated tax payments for 2022 paid in 2023				
State and City Estimated Tax Payments:	TSJ State/City			
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid	
2023 1st Quarter Estimate 2023 2nd Quarter Estimate 2023 3rd Quarter Estimate 2023 4th Quarter Estimate				
If you have an overpayment of 2023 taxes, do you			Yes No	
2022 overpayment applied to 2023 estimate Balance of prior year(s)' tax paid in 2023 plus amount paid with 2022 extensions				
Estimated tax payments for 2022 paid in 2023		L		
State and City Estimated Tax Payments:	TSJ State/City			
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid	
2023 1st Quarter Estimate 2023 2nd Quarter Estimate 2023 3rd Quarter Estimate 2023 4th Quarter Estimate				
If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax liability?			Yes No	
2022 overpayment applied to 2023 estimate Balance of prior year(s)' tax paid in 2023 plus amount paid with 2022 extensions Estimated tax payments for 2022 paid in 2023		Г		



NOTE: Only complete Forms 34 and/or 35 if in 2023:

- You made gifts of cash or marketable securities to an individual that exceeded \$17,000; 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	Taxpayer		Spouse	Joint
Name of person receiving the gift				
Address of person				
Your relationship to the person (e.g., son, granddaughter or friend)				
Age of the person				
Date(s) of gift(s)		_		
Cost basis of assets gifted if other than cash				
Value of assets gifted if other than cash				
ift 2:				
Person giving the gift	Taxpayer		Spouse	Joint
Name of person receiving the gift				
Address of person				
Your relationship to the person (e.g., son, granddaughter or friend)				
Age of the person				
Date(s) of gift(s) (Mo/Da/Yr)		_		
Description and amount of assets gifted (e.g., \$17,000 in cash or 500 shares of ABC stock)				



Minnesota Information (Page 1 of 3)

Residency Information:				From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Minnesota for all	of 2023, enter the dates you di	d live in Minnesota			
Enter the state names other than Min	nesota where you had income				
Education Savings:				Yes No	
Did you or your spouse make any cont	tributions to a qualified educati	on savings account?			
If Yes, enter the following:		Social Security			2023 Amount
TS Name of Designat	ed Beneficiary	Number	Account Nu	ımber	Contributed
Voluntary Contributions:					
Enter the amount you wish to contrib	ute on your 2023 tax return to t	the Nongame Wildlife	Fund		
If you or your spouse wish to contribu	ite \$5.00 to a political party, se	lect one party:			
Taxpayer: Republican Libertarian	Democratic/Farmer-L Legal Marijuana Now		ssroots - Legalize Car eral Campaign Fund	nnabis	
Spouse: Republican	Democratic/Farmer-L	ahor Gras	ssroots - Legalize Car	nnahis	
Libertarian	Legal Marijuana Now		eral Campaign Fund	ii labis	
Ovelified Cohool Evenence for	Danandanta				
Qualified School Expenses for					
	Depende	ent 1		Dependent 2	
Dependent's name			_		
Dependent's grade					
Qualified expenses					
Type of school (public, private, home)			_		
Type of expense					
Type of Instruction (Class or Individual)			_		
Instructor or organization or Transportation provider			_		
Type of class			_		
Type of musical instrument			_		



Minnesota Information (Page 2 of 3)

Credit for Parents of Stillborn Children:			
Did you or your spouse experience a stillbirth during th	e year?		Yes No
If Yes, include the Minnesota Certificate of Birth for	each stillborn child.		
Long Term Care Insurance:			
If you had long term care insurance, list the policy own	er, policy company name and policy numb	er below.	
Policy Owner	Policy Company Name		Policy Number
Taxpayer Spouse Joint			
Taxpayer Spouse Joint			
		,	
Property Tax Refund Information: Include a	all Certificates of Rent Paid and/or State	ments of Property Tax	es Payable in 2024
County of residence			
Were you or your spouse disabled on or before Decem Are you living in a nursing home or other health care fa Did you own AND occupy your homestead on BOTH Jack Are you a mobile home owner who paid rent for proper Enter the percent of your home that is NOT used for but the Enter the amount of property tax refund received	cility? anuary 2, 2023 and January 2, 2024? ty on which it was located? usiness or rented to others		<u>%</u>
Employer Transit Pass Credit:			Yes No
Did your business buy Transit passes to resell or give t	o your employees?		
If Yes, what was the original cost of the passes?			
What amount was charged to employees for the passe	s?		
What is your Minnesota ID number?			
Student Loan Credit		Taxpayer	Spouse
Enter the total amount paid toward your or your spous during the year	•		
Enter the amount of interest paid on your or your spouduring the year	•		
Enter the original balance of your or your spouse's qua	lified student loans		