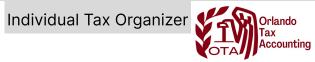


| Personal Information | | | | | | | | | | |
|-------------------------------------|------------------|---------------------|--------------|--------|-------------|----------|-------------------|----------|-------------|-----------|
| Taxpayer | | | | | | | | | | |
| First name M.I. | Last name | S | uffix Date | of bi | rth | SS | SN or IT | ΓΙΝ | | |
| Occupation | | Email | | | | Ph | ione nu | ımber | | |
| ID type ID numb | er | Issuing s | tate Is | ssue c | date | Ex | piratio | n date | : | |
| Street | | City | | State | | ZIF | ² Code |) | | |
| Spouse | ' | | | | | | | | | |
| First name M.I. | Last name | S | uffix Date | of bi | rth | SS | N or IT | ĪN | | |
| Occupation | | Email | | | | Ph | ione nu | ımber | | |
| ID type ID numb | er | Issuing s | tate Is | ssue c | date | Ex | piratio | n date | • | |
| Filing status: Single Married | l filing jointly | ☐ Married filing se | parately _ |] Hea | d of housel | nold | ☐ Qı | ualifyir | ng survivii | ng spouse |
| Select all that apply to 2023 | | | | | Тахр | ayer | | | Spou | se |
| Legally blind | | | | | |] | | | | |
| Permanently and totally disabled | | | | | |] | | | | |
| Claimed as a dependent on anoth | ner individua | al's tax return | | | |] | | | | |
| Full-time student | | | | | |] | | | | |
| Designate \$3 to the Presidential | Election Car | mpaign Fund | | | |] | | | | |
| Spouse is not filing a tax return (| MFS) | | | | | | | | | |
| Spouse had no income (MFS) | | | | | | | | | | |
| | | Dependent Inf | formation | | | | | | | |
| | | | | | Months in | Receive | ed | | Full time | Childcare |
| Name (first and last) | Relationsh | nip Date of birth | SSN or ITI | IN | home | IIICOIII | ie Dis | abled | Student | expenses |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Refund preference | | | Banking | g info | rmation | | | | | |
| ☐ Direct deposit | | Financial institut | ion | | | | | | _ | |
| Paper check | | Account holder | | | | | | | | |
| Balance due preference | | Routing number | | | | | | | _ | |
| Bank draft | | Account number | | | | | | | | |
| ☐ Mail a check | | Type of account | | | Checkin | ng [| Sav | vings | | |
| Credit card | | Personal or busir | ness | | Persona | al [| Bus | siness | 5 | |
| Payment plan | | Select if applicab | le to accoun | t: [|] IRA | [|] No | n-U.S | | |







| ■ None apply | 2023 Life I | Events | |
|---|-----------------|---|--------------------------|
| ☐ Changed marital status ☐ Taxpayer, spouse, or a dependent changed their name with the SSA ☐ Received notice or letter from the IRS or a star revenue agency | ite | Taxpayer, spouse, or a dependent r protection PIN (IP PIN) from the IRS Had a baby or adopted a child Member of the Armed Forces Duty type | |
| ☐ First time filing a tax return ☐ Taxpayer, spouse, or a dependent passed aw during the year | ay | ☐ Changed address during the year | |
| ☐ None apply | 2023 Financ | cial Events | |
| Bought, sold, or refinanced a home or rental purposes incurred property damage or theft caused by | | Had a financial interest in or signature foreign account or trust Combined value of foreign acco | - |
| ☐ declared disaster | | Gifted more than \$17,000 total to or | ne or more individual(s) |
| Converted or rolled over any retirement according | unts | Purchased health insurance through public exchange | n the Marketplace or a |
| Received, sold, exchanged, gifted or otherwise of a digital asset | se disposed | Had health insurance coverage for (CA, DC, MA, NJ, and RI only) | the entire year |
| | 2023 Income | Sources | |
| | Number of forms | | Number of forms |
| Employment (W-2) | | Rent (1099-MISC) | |
| Retirement distribution (1099-R) | | Royalties (1099-MISC) | |
| Social Security (SSA-1099) | | ESA or 529 distribution (1099-Q) | |
| Self-employment (1099-NEC or 1099-K) | | HSA or MSA distribution (1099-SA) | |
| State or local tax refund (1099-G) | | Partnership (Schedule K-1) | |
| Unemployment compensation (1099-G) | | S-corporation (Schedule K-1) | |
| Interest (1099-INT) | | ☐ Estate or trust (Schedule K-1) ☐ Gambling (W-2G) | |
| Dividends (1099-DIV) | | Farming | |
| Sold stocks or investments (1099-B)Canceled debt (1099-C) | | Other income not listed above | |
| □ Name amply 2 | 022 Adiustment | to and Cradita | |
| □ None apply 2 | 023 Adjustment | is and Credits | Amagunat |
| Higher education expenses | | Adoption expenses | Amount \$ |
| Child or dependent care expenses | | Alimony paid | \$ |
| ☐ HSA contributions | _ | Date of divorce or separation | |
| ☐ IRA contributions | | Recipient's SSN Educator expenses | \$ |
| Student loan interest | _ | Household employee expenses | \$ |
| _ | _ | Energy-efficient home improvements | \$ |
| Plug-in electric vehicle purchase Vehicle year, make, and model | _ | Armed Forces moving expenses | \$ |

Itemized Deductions

| Medical and dental | | | | |
|-----------------------------|----|--|--|--|
| Medical and dental expenses | \$ | | | |
| | | | | |

| Taxes paid | | | |
|------------------------------|----|--|--|
| State and local income taxes | \$ | | |
| Sales taxes | \$ | | |
| Real estate taxes | \$ | | |
| Personal property taxes | \$ | | |
| | | | |

| Interest paid | | | |
|-------------------|----|--|--|
| Mortgage interest | \$ | | |
| | | | |

| Charitable contributions | | |
|---------------------------------|----|--|
| Donations to charity (cash) | \$ | |
| Donations to charity (non-cash) | \$ | |

| Casualty and theft | | | | |
|--|----|--|--|--|
| Casualty and theft losses | \$ | | | |
| ☐ Check if caused by federally declared disaster | | | | |

| Gambling | |
|-----------------|----|
| Gambling losses | \$ |
| | |

| Other miscellaneous deductions | | |
|--------------------------------|----|--|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Estimated Taxes

| Overpayments and estimated tax payments | | | | |
|---|---------|--------|--------|--------|
| | Federal | | State: | |
| Description | Date | Amount | Date | Amount |
| 2022 overpayment applied to 2023 | | | | |
| First quarterly payment | | | | |
| Second quarterly payment | | | | |
| Third quarterly payment | | | | |
| Fourth quarterly payment | | | | |
| Additional payment(s) | | | | |