

## 2022 Tax Organizer Personal Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Filing status at the end of 2022

- ☐ Single     
 ☐ Married     
 ☐ Widowed - If widowed and your spouse died in 2022, enter the date of death \_\_\_\_\_  
☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? \_\_\_\_\_

Yes      No

- ☐ ☐ Are you or your spouse blind?  
☐ ☐ Are you or your spouse disabled?  
☐ ☐ Are you or your spouse a full-time student?  
☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
☐ ☐ At any time during 2022 did you:  
     (a) receive (as a reward, award, or payment for property or services) a digital asset  
     (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

### Identification Information

#### Taxpayer's type of photo ID

- ☐ Driver's license     
 ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

- ☐ Driver's license     
 ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2022 appointment is scheduled for \_\_\_\_\_

## Dependent and Other Information

Name:

SSN:

## Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months In home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

## Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2021						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

# Pension, Annuities, Retirement, Etc. Distributions

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

SSN: \_\_\_\_\_

## Social Security Benefit Statement or Railroad Retirement Board Payments - Provide all Forms 1099-SSA, etc.

TS _____	2022	2021	TS _____	2022	2021
Net benefits . . . . .	_____	_____	Net benefits . . . . .	_____	_____
Medicare premiums . . . . .	_____	_____	Medicare premiums . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____	Federal income tax withheld . . . . .	_____	_____
<input type="checkbox"/> Treat Medicare premiums as self-employed health insurance.			<input type="checkbox"/> Treat Medicare premiums as self-employed health insurance.		

## Pension and Retirement Distributions - Provide all Forms 1099-R

TS _____	Payer's name: _____	Payer's federal ID number: _____
Address: _____		
	2022	2021
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Report disability income as wages on 1040. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Gross distribution . . . . .	_____	_____
Taxable amount . . . . .	_____	_____
Total distribution . . . . .	<input type="checkbox"/>	_____
Capital gain included in taxable amount above . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____
Employee contributions or insurance premiums . . . . .	_____	_____
Unrealized appreciation . . . . .	_____	_____
Distribution code(s) . . . . .	_____	_____
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Your percentage of total distribution . . . . .	_____	_____

Yes No

- ☐ ☐ Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  
☐ ☐ Did you use any of the distributions for disaster relief?

100% of the taxable amount enter above is a Qualified Charitable Distribution (QCD) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Enter an amount in this field if only part of the taxable amount entered above is a QCD . . . . .	_____	_____
100% of the taxable amount entered above is for Health Savings Account (HSA) funding . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Enter an amount in this field if only part of the taxable amount entered above is for HSA funding . . . . .	_____	_____
Enter the amount of distribution used for insurance premiums for public safety officers . . . . .	_____	_____

## Other Income and Adjustments

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

SSN: \_\_\_\_\_

## Other Income

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 Spouse
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .				
State income tax refund (attach Forms 1099-G) . . . . .				
Alimony received Divorce or separation date _____ Amount _____				
Unemployment compensation (attach Forms 1099-G) . . . . .				
Unemployment compensation repaid in 2022 . . . . .				
Gambling winnings (attach Forms W2-G) . . . . .				
Alaska Permanent Fund . . . . .				
Jury duty pay . . . . .				
ABLE distributions . . . . .				
Scholarships or grants not reported on Form W-2 . . . . .				
Other income: _____				
_____				
_____				

## Adjustments

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .				
Alimony paid Name _____ SSN _____ Divorce or separation date _____				
Name _____ SSN _____ Divorce or separation date _____				
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K . . . . .				
Contributions made to an Individual Retirement Account (IRA) . . . . .				
Interest paid on a student loan . . . . .				
Other adjustments: _____				

SSN:

**Provide all Forms 1099-INT, 1099-DIV, and statements relating to interest income**

[illegible]

2022

## Dividend Income

Name:

§ 52.

**Provide all Forms 1099-DIV, 1099-PATR, and statements related to dividend income**

[illegible]

## Form 1099-G Unemployment Compensation

Name:

SSN:

## Provide all copies of Form 1099-G

TSJ \_\_\_\_\_ Payer's Federal ID Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_ Account number: \_\_\_\_\_

	2022	2021		2022	2021
Unemployment compensation . . . . .	_____	_____	State _____ State ID _____	_____	_____
Unemployment compensation repaid in current year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
State/local tax refunds/credits . . . . .	_____	_____	State withholding . . . . .	_____	_____
Tax year . . . . .	_____	_____	Locality name _____	_____	_____
Federal tax withheld . . . . .	_____	_____	Local wages . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	Local withholding . . . . .	_____	_____
Taxable grants . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad.	_____	_____
Agriculture . . . . .	_____	_____		_____	_____
<input type="checkbox"/> Trade/business	_____	_____		_____	_____
Market gain . . . . .	_____	_____		_____	_____

TSJ \_\_\_\_\_ Payer's Federal ID Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_ Account number: \_\_\_\_\_

	2022	2021		2022	2021
Unemployment compensation . . . . .	_____	_____	State _____ State ID _____	_____	_____
Unemployment compensation repaid in current year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
State/local tax refunds/credits . . . . .	_____	_____	State withholding . . . . .	_____	_____
Tax year . . . . .	_____	_____	Locality name _____	_____	_____
Federal tax withheld . . . . .	_____	_____	Local wages . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	Local withholding . . . . .	_____	_____
Taxable grants . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad.	_____	_____
Agriculture . . . . .	_____	_____		_____	_____
<input type="checkbox"/> Trade/business	_____	_____		_____	_____
Market gain . . . . .	_____	_____		_____	_____

## Schedule A - Itemized Deductions

Name:

SSN:

## Medical and Dental Expenses

	2022	2021
Health insurance premiums (paid by you, not through work) . . . .		
Amount that is for Medicare premiums . . . . .		
Long-term care premiums (you) . . .		
Long-term care premiums (your spouse)		
Long-term care premiums (dependents)		
Mileage driven for medical purposes		
Before July 1, 2022 . . . . .		
After June 30, 2022 . . . . .		
Out of pocket medical and dental expenses (list) . . . . .		

## Taxes Paid

State and local income taxes . . . .		
General sales tax (vehicle, boat, home, etc.) . . . . .		
Real estate taxes . . . . .		
Personal property taxes . . . . .		
Auto registration taxes not deductible for state . . . . .		
Other taxes (list)		

## Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . .		
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.		
Home mortgage interest paid to an individual		
Paid to:		
Name		
Address		
City, State, ZIP		
SSN or EIN		
Points not reported on Form 1098 . .		
Investment interest . . . . .		

## Charitable Contributions

	2022	2021
Donations to charity (cash) . . . .		
Disaster relief contributions . . .		
Miles driven for charitable purposes		
Donations to charity (noncash) . .		
If noncash donations are greater than \$500, list below.		

## Other Miscellaneous Deductions

Amortizable bond premiums . . .		
Federal estate tax . . . . .		
Gambling losses . . . . .		
Impairment-related work expenses		
Claim repayments . . . . .		
Unrecovered pension investments		
Loss from other activities from Schedule K-1 . . . . .		
Ordinary loss debt instrument . .		
Excess deduction on termination		

## For state purposes ONLY

## Job Expenses &amp; Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)		
Union dues . . . . .		
Tax preparation fees . . . . .		
Other nonpersonal expenses related to taxable income (list)		
Investment expenses not entered elsewhere . . . . .		
Home equity interest . . . . .		



## Child and Dependent Care

Name:

SSN:

## Child Care Provider's Information

☐ You or your spouse were a full-time student or disabled during 2022?

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

U.S. only State, ZIP \_\_\_\_\_

Foreign only Province/State,  
Country, Postal code \_\_\_\_\_☐ Check here if the care provider is your household employee (Schedule H)

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

U.S. only State, ZIP \_\_\_\_\_

Foreign only Province/State,  
Country, Postal code \_\_\_\_\_☐ Check here if the care provider is your household employee (Schedule H)

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

U.S. only State, ZIP \_\_\_\_\_

Foreign only Province/State,  
Country, Postal code \_\_\_\_\_☐ Check here if the care provider is your household employee (Schedule H)

## Noncash Charitable Contributions

Name:

SSN:

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

U.S. only State, ZIP \_\_\_\_\_

Foreign only Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ Date contributed \_\_\_\_\_ ☐ Bargain sale was capital gain propertyProperty type (if over \$5,000) ☐ Donated property is publicly traded security☐ Art valued more than \$20,000☐ Art valued less than \$20,000☐ Intellectual property☐ Qualified conservation - qualified farmer/rancher☐ Other real estate☐ Vehicles☐ Qualified conservation - non-qualified farmer/rancher☐ Securities☐ Clothing and household items☐ Qualified conservation☐ Collectibles☐ Other☐ Equipment

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

U.S. only State, ZIP \_\_\_\_\_

Foreign only Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ Date contributed \_\_\_\_\_ ☐ Bargain sale was capital gain propertyProperty type (if over \$5,000) ☐ Donated property is publicly traded security☐ Art valued more than \$20,000☐ Art valued less than \$20,000☐ Intellectual property☐ Qualified conservation - qualified farmer/rancher☐ Other real estate☐ Vehicles☐ Qualified conservation - non-qualified farmer/rancher☐ Securities☐ Clothing and household items☐ Qualified conservation☐ Collectibles☐ Other☐ Equipment

## Residential Energy Credits

Name:

SSN:

TSJ \_\_\_\_\_

**Part I - Residential Energy Efficient Property Credit**

Qualified solar electric property costs . . . . . \_\_\_\_\_

Qualified solar water heating property costs . . . . . \_\_\_\_\_

Qualified small wind energy property costs . . . . . \_\_\_\_\_

Qualified geothermal heat pump property costs . . . . . \_\_\_\_\_

Qualified biomass fuel property costs . . . . . \_\_\_\_\_

Was qualified fuel cell property installed on or in your main home in U.S.? ☐ Yes ☐ No

Address of main home \_\_\_\_\_

City, state, and ZIP \_\_\_\_\_

Qualified fuel cell property costs . . . . . \_\_\_\_\_

Kilowatt capacity of qualified fuel cell property entered above . . . . . \_\_\_\_\_

Amount of unused credit from 2021 Form 5695, line 16 . . . . . \_\_\_\_\_

**Part II - Nonbusiness Energy Property Credit**Were improvements or costs made to your main home located in the US? ☐ Yes ☐ No

Address of main home \_\_\_\_\_

City, state, and ZIP \_\_\_\_\_

Were improvements or costs related to the construction of this main home? ☐ Yes ☐ No

Enter the nonbusiness energy property credit that you took in:

2006 \_\_\_\_\_ 2010 \_\_\_\_\_ 2013 \_\_\_\_\_ 2016 \_\_\_\_\_ 2019 \_\_\_\_\_

2007 \_\_\_\_\_ 2011 \_\_\_\_\_ 2014 \_\_\_\_\_ 2017 \_\_\_\_\_ 2020 \_\_\_\_\_

2009 \_\_\_\_\_ 2012 \_\_\_\_\_ 2015 \_\_\_\_\_ 2018 \_\_\_\_\_ 2021 \_\_\_\_\_

**Qualified Energy Efficient Improvements**

Insulation material or systems primarily designed to reduce heat loss or gain . . . . . \_\_\_\_\_

Exterior doors that meet or exceed Energy Star 6.0 requirements . . . . . \_\_\_\_\_

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain . . . . . \_\_\_\_\_

Exterior windows and skylights that meet or exceed Energy Star 6.0 requirements . . . . . \_\_\_\_\_

Enter the amount of window expense you claimed in:

2006 \_\_\_\_\_ 2010 \_\_\_\_\_ 2013 \_\_\_\_\_ 2016 \_\_\_\_\_ 2019 \_\_\_\_\_

2007 \_\_\_\_\_ 2011 \_\_\_\_\_ 2014 \_\_\_\_\_ 2017 \_\_\_\_\_ 2020 \_\_\_\_\_

2009 \_\_\_\_\_ 2012 \_\_\_\_\_ 2015 \_\_\_\_\_ 2018 \_\_\_\_\_ 2021 \_\_\_\_\_

**Residential Energy Property Costs**

Energy efficient building property costs . . . . . \_\_\_\_\_

Qualified natural gas, propane, or oil furnace or hot water boiler . . . . . \_\_\_\_\_

Advanced main air circulating fan used in a natural gas, propane, or oil furnace . . . . . \_\_\_\_\_

## Energy Credits

Name:

SSN:

**Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit**

TSJ \_\_\_\_\_

Vehicle 1

Vehicle 2

Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
How many wheels does the vehicle have? . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____

**Form 8910 - Alternative Motor Vehicle Credit**

TSJ \_\_\_\_\_

Vehicle 1

Vehicle 2

Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____

## Education Credits

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

SSN: \_\_\_\_\_

## Provide all Form(s) 1098-T

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? ..... ☐ Yes

Was the student enrolled at least half-time for at least one academic period that began in 2022 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? ..... ☐

Did the student complete the first four years of post-secondary education before 2022? ..... ☐

Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? ..... ☐

Is the student pursuing a degree? ..... ☐

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

2022

2021

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution .....

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution .....

Tax-free education assistance received in 2022 allocable to the academic period .....

Tax-free education assistance received in 2023 (and before 2022 return is filed) allocable to the academic period .....

Refunds of qualified education expenses paid in 2022 if the refund is received before the 2022 return is filed .....

Yes

No

Did the student receive Form 1098-T from this institution for 2022?

☐☐

Did the student receive Form 1098-T from this institution for 2021 with box 7 checked?

☐☐Educational  
Institution

EIN \_\_\_\_\_

Name \_\_\_\_\_

Street address, city, state, and ZIP \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? ..... ☐ Yes

Was the student enrolled at least half-time for at least one academic period that began in 2022 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? ..... ☐

Did the student complete the first four years of post-secondary education before 2022? ..... ☐

Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? ..... ☐

Is the student pursuing a degree? ..... ☐

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

2022

2021

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution .....

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution .....

Tax-free education assistance received in 2022 allocable to the academic period .....

Tax-free education assistance received in 2023 (and before 2022 return is filed) allocable to the academic period .....

Refunds of qualified education expenses paid in 2022 if the refund is received before the 2022 return is filed .....

Yes

No

Did the student receive Form 1098-T from this institution for 2022?

☐☐

Did the student receive Form 1098-T from this institution for 2021 with box 7 checked?

☐☐Educational  
Institution

EIN \_\_\_\_\_

Name \_\_\_\_\_

Street address, city, state, and ZIP \_\_\_\_\_

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- ☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

- ☐ Employer ☐ Medicare ☐ Medicaid ☐ Marketplace (Exchange) ☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ ☐ Was your previous insurance policy canceled in 2022?
- ☐ ☐ Was coverage offered by your employer or your spouse's employer?
- ☐ ☐ Are you a member of a federally recognized Indian tribe?
- ☐ ☐ Are you eligible for services through an Indian healthcare provider?
- ☐ ☐ Are you a member of a healthcare sharing ministry?
- ☐ ☐ Did you live in the United States the entire year?
- ☐ ☐ Are you enrolled in TRICARE?
- ☐ ☐ Did you apply for CHIP coverage?
- ☐ ☐ Do any of the following apply to you? Do NOT indicate which one.
- ☐ Became homeless
  - ☐ Evicted in the past six months, or facing eviction or foreclosure
  - ☐ Received a shut-off notice from a utility company
  - ☐ Recently experienced domestic violence
  - ☐ Recently experienced the death of a close family member
  - ☐ Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - ☐ Filed for bankruptcy in the last six months
  - ☐ Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - ☐ Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

## Form 1099-MISC - Miscellaneous Income

Name:

SSN:

## Provide all copies of Form 1099-MISC

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

	2022	2021		2022	2021
Rents . . . . .			Excess golden parachute payment . . . . .		
Royalties . . . . .			Nonqualified deferred compensation . . . . .		
Other income . . . . .			State ____ State ID ____		
Description _____			State tax withheld . . . . .		
Federal tax withheld . . . . .			State income . . . . .		
Fishing boat proceeds . . . . .			Name of locality _____		
Medical and health care payments . . . . .			Local tax withheld . . . . .		
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products.			Local income . . . . .		
Substitute payments . . . . .			State ____ State ID ____		
Crop insurance proceeds . . . . .			State tax withheld . . . . .		
Gross attorney proceeds . . . . .			State income . . . . .		
Taxable Proceeds . . . . .			Name of locality _____		
Fish purchased for resale . . . . .			Local tax withheld . . . . .		
Section 409A deferrals . . . . .			Local income . . . . .		

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_

Payer's name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

	2022	2021		2022	2021
Rents . . . . .			Excess golden parachute payment . . . . .		
Royalties . . . . .			Nonqualified deferred compensation . . . . .		
Other income . . . . .			State ____ State ID ____		
Description _____			State tax withheld . . . . .		
Federal tax withheld . . . . .			State income . . . . .		
Fishing boat proceeds . . . . .			Name of locality _____		
Medical and health care payments . . . . .			Local tax withheld . . . . .		
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products.			Local income . . . . .		
Substitute payments . . . . .			State ____ State ID ____		
Crop insurance proceeds . . . . .			State tax withheld . . . . .		
Gross attorney proceeds . . . . .			State income . . . . .		
Taxable Proceeds . . . . .			Name of locality _____		
Fish purchased for resale . . . . .			Local tax withheld . . . . .		
Section 409A deferrals . . . . .			Local income . . . . .		

## Form 1099-NEC - Nonemployee Compensation

Name:

SSN:

## Provide all copies of Form 1099-NEC

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_

Payer's name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

	2022	2021		2022	2021
Non-employee compensation . . . .	_____	_____	Federal tax withheld . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.					
State ____ State ID _____			State ____ State ID _____		
State tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
State income . . . . .	_____	_____	State income . . . . .	_____	_____
Name of locality _____			Name of locality _____		
Local tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Local income . . . . .	_____	_____	Local income . . . . .	_____	_____

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_

Payer's name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

	2022	2021		2022	2021
Non-employee compensation . . . .	_____	_____	Federal tax withheld . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.					
State ____ State ID _____			State ____ State ID _____		
State tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
State income . . . . .	_____	_____	State income . . . . .	_____	_____
Name of locality _____			Name of locality _____		
Local tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Local income . . . . .	_____	_____	Local income . . . . .	_____	_____

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_

Payer's name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

	2022	2021		2022	2021
Non-employee compensation . . . .	_____	_____	Federal tax withheld . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.					
State ____ State ID _____			State ____ State ID _____		
State tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
State income . . . . .	_____	_____	State income . . . . .	_____	_____
Name of locality _____			Name of locality _____		
Local tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Local income . . . . .	_____	_____	Local income . . . . .	_____	_____



## Employee Business Expense

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

SSN: \_\_\_\_\_

## Employee Business Expense

TS \_\_\_\_\_ Occupation \_\_\_\_\_

Select if you are:

- ☐ A qualifying performing artist  
☐ A fee-based state or local government official  
☐ A disabled employee with impairment-related work expenses  
☐ An Armed Forces reservist (travel related expenses only)  
☐ A member of the clergy

## Part I - Employee Business Expense and Reimbursements

2022

2021

Parking fees, tolls, and local transportation, including train, bus, etc. . . . .	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
Meals . . . . .	_____	_____
DOT meals . . . . .	_____	_____
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses . . . . .	_____	_____
Meals . . . . .	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .	_____	_____
Portion of total expenses that is for an Armed Forces reservist . . . . .	_____	_____

## Business Vehicle Expenses

Vehicle 1

Vehicle 2

2022

2021

2022

2021

Enter the date vehicle was placed in service . . . . .	_____	_____	_____	_____
Total miles vehicle was driven during 2022 . . . . .	_____	_____	_____	_____
Business miles driven: Before July 1, 2022 . . . . .	_____	_____	_____	_____
After June 30, 2022 . . . . .	_____	_____	_____	_____
Average daily roundtrip commuting distance . . . . .	_____	_____	_____	_____
Commuting miles included in total miles above . . . . .	_____	_____	_____	_____
Taxes . . . . .	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc. . . . .	_____	_____	_____	_____
Vehicle rentals . . . . .	_____	_____	_____	_____
Inclusion amount . . . . .	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .	_____	_____	_____	_____
Enter cost or other basis . . . . .	_____	_____	_____	_____
Enter section 179 deduction . . . . .	_____	_____	_____	_____
Enter depreciation percentage . . . . .	_____	_____	_____	_____

- If your employer provided a vehicle, was personal use during off duty hours permitted? ☐ Yes ☐ No  
 Do you or your spouse have another vehicle available for personal use? ☐ Yes ☐ No  
 Do you have evidence to support your deduction? ☐ Yes ☐ No  
 If "Yes," is the evidence written? ☐ Yes ☐ No

## Expenses for Business Use of Your Home

Name:

SSN:

**Business Use of Home**

For \_\_\_\_\_ Name of business home is used for \_\_\_\_\_

	2022	2021
Square footage of home used exclusively for business . . . . .	_____	_____
Total square footage of home . . . . .	_____	_____

**Use of Home for Daycare**

	2022	2021
Area used part time for business . . . . .	_____	_____
Total hours used for daycare . . . . .	_____	_____
Total hours available . . . . .	_____	_____

Did you live in the home all year? ☐ Yes ☐ No**Expenses**

	Office expenses		Home expenses	
	2022	2021	2022	2021
Mortgage interest . . . . .	_____	_____	_____	_____
Real estate taxes . . . . .	_____	_____	_____	_____
Excess mortgage interest . . . . .	_____	_____	_____	_____
Excess real estate taxes . . . . .	_____	_____	_____	_____
Insurance . . . . .	_____	_____	_____	_____
Rent . . . . .	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____
Utilities . . . . .	_____	_____	_____	_____
Other expenses . . . . .	_____	_____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

**Cost of Home**

	2022	2021
Enter the smaller of your home's adjusted basis or its fair market value . . . . .	_____	_____
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land	_____	_____
Date placed in service . . . . .	_____	_____
Date taken out of service . . . . .	_____	_____

## Auto Expense Worksheet

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

SSN: \_\_\_\_\_

## General Information

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for use during off-duty hours? ☐ Yes ☐ NoDo you or your spouse have another vehicle available for personal use? ☐ Yes ☐ NoDo you have evidence to support your deduction? ☐ Yes ☐ NoIf "Yes," is the evidence written? ☐ Yes ☐ No

Enter the number of miles your vehicle was used for:

2022

2021

Prior year  
total

Business Before July 1, 2022 ..... Business \_\_\_\_\_

After June 30, 2022 ..... \_\_\_\_\_

Commuling ..... Total \_\_\_\_\_

Other ..... \_\_\_\_\_

## Expenses

2022

2021

Garage rent ..... \_\_\_\_\_

Gas ..... \_\_\_\_\_

Insurance ..... \_\_\_\_\_

Licenses ..... \_\_\_\_\_

Oil ..... \_\_\_\_\_

Parking fees ..... \_\_\_\_\_

Rental fees ..... \_\_\_\_\_

Interest ..... \_\_\_\_\_

Property tax ..... \_\_\_\_\_

Repairs ..... \_\_\_\_\_

Tires ..... \_\_\_\_\_

Tolls ..... \_\_\_\_\_

Lease addbacks ..... \_\_\_\_\_

Other expenses (list):

Apply business %

\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_

## Adjustments

Name:

SSN:

**Moving Expenses** *MILITARY ONLY*

TSJ \_\_\_\_\_

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2022

2021

Enter the number of miles from your OLD home to your NEW workplace . . . . .

Enter the number of miles from your OLD home to your OLD workplace . . . . .

Enter the amount you paid for transportation and storage of household goods and personal effects . . . .

Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)

Enter the amount of moving expenses reimbursed to you by your employer . . . . .

**Self-Employed Health Insurance**

TSJ \_\_\_\_\_

2022

2021

Enter the qualified long term care amount . . . . .

Enter your Medicare wages from an S corporation . . . . .

**Self-Employed Pensions**

TSJ \_\_\_\_\_

2022

2021

Enter your plan contribution rate as a decimal . . . . .

Enter your allowable elective deferrals made during 2022 . . . . .

Enter your catch-up contributions . . . . .

Enter the amount of designated ROTH contributions included above . . . . .

**Nondeductible IRAs**

TS \_\_\_\_\_



This person is covered by a retirement plan at work or through self-employment

2022

2021

Total traditional IRA contributions made for 2022 . . . . .

Amount included above that was contributed between 1/1/2023 and 4/18/2023 . . . . .

Total basis in traditional IRAs as of 12/31/2022 . . . . .

Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) . . . . .



Distributions received were used for disaster relief

Amount of traditional IRAs converted to ROTH IRAs . . . . .

IRA basis before conversion . . . . .

Total ROTH IRA contributions made for 2022 . . . . .

**Health Savings Account**

TS \_\_\_\_\_

2022

2021

The taxpayer's coverage is under a high-deductible health plan for:



Taxpayer only



Family

HSA contributions made for 2022 . . . . .

Total distributions from all HSAs during 2022 . . . . .

Distributions included above that were rolled over into another account . . . . .

Qualified medical expenses paid using HSA distributions . . . . .

## Casualties and Thefts

Name:

SSN:

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

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

Property location \_\_\_\_\_

Property was ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date property was acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost of property damaged or stolen . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether  
or not you filed a claim) . . . . . \_\_\_\_\_ Date property was damaged or stolen . . . . . \_\_\_\_\_**Theft Loss Deduction for Ponzi-Type Investment Scheme****Part I Computation of Deduction**

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

**Part II Required Statements and Declarations**

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

U.S. Only: City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Foreign Only: Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

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

Property location \_\_\_\_\_

Property was ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date property was acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost of property damaged or stolen . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether  
or not you filed a claim) . . . . . \_\_\_\_\_ Date property was damaged or stolen . . . . . \_\_\_\_\_**Theft Loss Deduction for Ponzi-Type Investment Scheme****Part I Computation of Deduction**

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

**Part II Required Statements and Declarations**

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

U.S. Only: City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Foreign Only: Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_



## Schedule C - Profit or Loss from Business

Name:

SSN:

## General Business Information

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Business code \_\_\_\_\_

Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

U.S. only State, ZIP \_\_\_\_\_

Foreign only Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash ☐ Accrual ☐ Other \_\_\_\_\_☐ This business was started or acquired during 2022.☐ Some investment is NOT at risk.☐ This business was disposed of during 2022.

Select if this business is for:

☐ Professional gambler☐ Newspaper delivery and you are under 18 years of age☐ Exempt Notary income☐ A clergy

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.☐ ☐ If "Yes," did you file Forms 1099 for the individuals?☐ ☐ You received a Paycheck Protection Program (PPP) loan for this business.☐ ☐ If "Yes," was any portion of the loan forgiven?

## Income

	2022	2021
Gross receipts or sales		
Returns and allowances		
Other income		

## Cost of Goods Sold

Inventory method, if not cost ☐ Lower of cost or market ☐ OtherChange of inventory method ☐ Yes ☐ No

	2022	2021
Inventory at beginning of year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

## Schedule C - Profit or Loss from Business

Name:

SSN:

**Expenses**

TS \_\_\_\_\_

Business name \_\_\_\_\_

Profession or product \_\_\_\_\_

2022

2021

Advertising . . . . .

Car and truck expenses . . . . .

Commissions and fees . . . . .

Contract labor . . . . .

Depletion . . . . .

Employee benefit programs . . . . .

Insurance (other than health) . . . . .

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

Interest - other . . . . .

Legal and professional services . . . . .

Office expenses . . . . .

Pension and profit sharing plans . . . . .

Rent or lease (vehicles, machinery, and equipment) . . . . .

Rent (other business property) . . . . .

Repairs and maintenance . . . . .

Supplies . . . . .

Taxes and licenses (including real estate taxes) . . . . .

Travel . . . . .

Total meals . . . . .

Utilities . . . . .

Wages . . . . .

Family health coverage payments for taxpayer, spouse or dependents . . . . .

Other expenses (list):



**2022**

### Income or Loss from Partnerships, S Corporations, and Fiduciaries

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

SSN:

## Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

## Schedule F - Profit or Loss from Farming

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

SSN: \_\_\_\_\_

## General Information

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash: ☐ Accrual☐ This farm was disposed of during 2022.

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.☐ ☐ If "Yes," did you file Forms 1099 for the individuals?☐ ☐ You received a Paycheck Protection Program (PPP) loan for this business.☐ ☐ If "Yes," was any portion of the loan forgiven?

## Income

	2022	2021		2022	2021
Sale of livestock / other items . . . . .	_____	_____	Crop insurance proceeds:		
Cost of items bought for resale . . . . .	_____	_____	Amount received in 2022 . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2023		
Total cooperative distributions (Provide 1099-PATR) . . . . .	_____	_____	Amount deferred from 2021 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:			Beginning inventory for accrual . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Ending inventory for accrual . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
			Other income . . . . .	_____	_____

## Expenses

	2022	2021		2022	2021
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	Other expenses (list) . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____			
Interest - mortgage (paid to banks, etc.) . . . . .	_____	_____			
Interest - other . . . . .	_____	_____			
Non-W-2 labor hired . . . . .	_____	_____			
W-2 wages paid . . . . .	_____	_____			
Pension & profit-sharing plans . . . . .	_____	_____			
Rent - vehicles, machinery & equipment . . . . .	_____	_____			
Rent - other (land, animals, etc.) . . . . .	_____	_____			

## Form 4835 - Farm Rental Income and Expenses

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

SSN: \_\_\_\_\_

**General Information**

TSJ \_\_\_\_\_ Employer ID number \_\_\_\_\_

Description \_\_\_\_\_

☐ This farm was disposed of during 2022**Income**

	2022	2021		2022	2021
Income from production of livestock, produce, grains, and other crops . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2022 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2023		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2021 . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____		_____	_____

**Expenses**

	2022	2021		2022	2021
Car & truck expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, & medicine . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Other expenses (list)		
Freight & trucking . . . . .	_____	_____		_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____		_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other . . . . .	_____	_____		_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____		_____	_____
Pension & profit-sharing plans . . . . .	_____	_____		_____	_____
Rent - vehicles, machinery & equipment	_____	_____		_____	_____
Rent - other (land, animals, etc.) . . .	_____	_____		_____	_____
Repairs & maintenance . . . . .	_____	_____		_____	_____



## Installment Sale Income

Name:

SSN:

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2022	Prior years
Selling price . . . . .			
Mortgages assumed . . . . .			
Cost of property sold . . . . .			
Depreciation allowed . . . . .			
Commissions and expense of sale . . . . .			
Gross profit percentage . . . . .			
Interest received . . . . .			
Principal payments received . . . . .			
Property was sold to a related party <input type="checkbox"/>			

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2022	Prior years
Selling price . . . . .			
Mortgages assumed . . . . .			
Cost of property sold . . . . .			
Depreciation allowed . . . . .			
Commissions and expense of sale . . . . .			
Gross profit percentage . . . . .			
Interest received . . . . .			
Principal payments received . . . . .			
Property was sold to a related party <input type="checkbox"/>			

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2022	Prior years
Selling price . . . . .			
Mortgages assumed . . . . .			
Cost of property sold . . . . .			
Depreciation allowed . . . . .			
Commissions and expense of sale . . . . .			
Gross profit percentage . . . . .			
Interest received . . . . .			
Principal payments received . . . . .			
Property was sold to a related party <input type="checkbox"/>			

SSN:

**Expense  
of sale**

[illegible]