

2023 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 2023

- ☐ Single
 ☐ Married
 ☐ Widowed - If widowed and your spouse died after December 31, 2021, 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 2023? _____
- 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 2023 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 2023 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 2022						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

2023

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Federal EIN _____

Payers name _____

Payer's address _____

	2023	2022		2023	2022
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS _____ Federal EIN _____

Payer's name _____

Payer's address _____

	2023	2022		2023	2022
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

Name:

SSN:

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

TS _____	2023	2022	TS _____	2023	2022
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 _____		
	2023	2022
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 codes	_____	_____
IRA / SEP / SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>
Your percentage of total distribution	_____	_____
State _____	State ID _____	2023
State income tax withheld	_____	2022
State distribution	_____	_____
Name of locality _____	_____	_____
Local income tax withheld	_____	_____
Local distribution	_____	_____
State _____	State ID _____	2023
State income tax withheld	_____	2022
State distribution	_____	_____
Name of locality _____	_____	_____
Local income tax withheld	_____	_____
Local 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 entered 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	_____	_____

2023

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 _____

	2023	2022		2023	2022
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 payments	_____	_____
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 _____

	2023	2022		2023	2022
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 payments	_____	_____
RTAA payments	_____	_____	Local withholding	_____	_____
Taxable grants	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad	_____	_____
Agriculture	_____	_____		_____	_____
<input type="checkbox"/> Trade / business	_____	_____		_____	_____
Market gain	_____	_____		_____	_____

Form 1099-NEC - Nonemployee Compensation

Name:

SSN:

Provide all copies of Form 1099-NEC

TS ____ For ____ Payer's federal ID number ____ Account number ____

Payer's name _____

Payer's address _____

2023

2022

2023

2022

Non-employee compensation Federal tax withheld

☐ 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 ____ Account number ____

Payer's name _____

Payer's address _____

2023

2022

2023

2022

Non-employee compensation Federal tax withheld

☐ 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 ____ Account number ____

Payer's name _____

Payer's address _____

2023

2022

2023

2022

Non-employee compensation Federal tax withheld

☐ 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

2023

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 _____

	2023	2022		2023	2022
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 _____

	2023	2022		2023	2022
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	_____	_____

Other Income and Adjustments

Name:

SSN:

Other Income

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 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 2023				
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

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____				
Name _____				
SSN _____ Divorce or separation date _____				
Contributions made to an Individual Retirement Account (IRA)				
Interest paid on a student loan				
Other adjustments: _____				

Mortgage Interest

Name:

SSN:

Provide all copies of Form 1098

TSJ _____ For _____ Business name _____

Product _____

Recipient / Lender's information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province / State _____ Country _____ Postal code _____

	2023	2022		2023	2022
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____

Product _____

Recipient / Lender's information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province / State _____ Country _____ Postal code _____

	2023	2022		2023	2022
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____

Product _____

Recipient / Lender's information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province / State _____ Country _____ Postal code _____

	2023	2022		2023	2022
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . .	_____	_____	Account number _____		

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

2023

2022

Health insurance premiums
(paid by you, not through work)Amount above 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 . .

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)☐ 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

2023

2022

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 & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your
employer (list)

Other nonpersonal expenses related to taxable income (list)

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

☐ You or your spouse were a full-time student or disabled during 2023?

	2023	2022
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)

	2023	2022
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)

	2023	2022
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 battery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? ☐ Yes ☐ No

Qualified battery storage costs _____

Was a 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 2022 Form 5695, line 16 _____

Part II - Energy Efficient Home Improvement Credit**Qualified Energy Efficient Improvements**Were improvements or costs made to your main home located in the US? ☐ Yes ☐ NoWere you the original user of the qualified energy efficiency improvements? ☐ Yes ☐ NoAre the components reasonably expected to remain in use for at least five years? ☐ Yes ☐ NoWere improvements or costs related to the construction of this main home? ☐ Yes ☐ No

Address of main home _____

City, state, and ZIP _____

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

Cost of insulation or air sealing material or system _____

Cost of the exterior doors: Most expensive exterior door _____ All other qualifying exterior doors _____

Cost of exterior windows and skylights _____

Residential Energy Property CostsDid you incur costs for qualified energy property installed on or in connection with a U.S. home? ☐ Yes ☐ NoWas the qualified energy property originally placed into service by you or your spouse? ☐ Yes ☐ No

Address of home that you installed qualified energy property (if more than one list separately)

Street address _____

City, state, and ZIP _____

Cost of central air conditioners _____

Cost of natural gas, propane: Water heaters _____ Furnace or hot water boilers _____

Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders _____

Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor? ☐ Yes ☐ No Cost of home energy audit _____

Cost of electric or natural gas: Heat pumps _____ Heat pump water heaters _____

Cost of biomass stoves and boilers _____

Vehicle Credits

Name:

SSN:

Form 8936 - Clean Vehicle Credits

TSJ _____

Part I - Vehicle Details

Year of vehicle _____

Make of vehicle _____

Model of vehicle _____

Vehicle Identification Number _____

Date vehicle was placed in service _____

Yes No

Was the vehicle used primarily outside the U.S.? If "Yes," stop here. ☐ ☐Does the VIN entered above belong to a new clean vehicle placed in service during 2023? If "Yes," go to Part II. ☐ ☐Does the VIN entered above belong to a previously owned clean vehicle acquired after 2022 and placed in service during 2023? If "Yes," go to Part IV. ☐ ☐Does the VIN entered above belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during 2023? If "Yes," go to Part IV. If "No," stop here. ☐ ☐

Part II - Credit Amount for Business / Investment Use Part of New Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. ☐ ☐

Business or investment use percentage _____

Part IV - Credit Amount for Previously Owned Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. ☐ ☐Is the vehicle a qualified fuel cell motor vehicle? ☐ ☐

Sales price of vehicle _____

Part V - Credit Amount for Qualified Commercial Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. ☐ ☐Is the vehicle powered by gas or diesel? ☐ ☐

Sales price of vehicle _____

Vehicle's gross weight rating (GVWR) is 14,000 pounds or more ☐ ☐

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 Forms 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 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential? ☐

Did the student complete the first four years of post-secondary education before 2023? ☐

Was the student convicted, before the end of 2023, 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 _____

	2023	2022
Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free educational assistance received in 2023 allocable to the academic period	_____	_____
Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed	_____	_____

Did the student receive Form 1098-T from this institution for 2023? Yes ☐ No ☐

Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? Yes ☐ No ☐

EIN _____
 Educational Institution 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 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential? ☐

Did the student complete the first four years of post-secondary education before 2023? ☐

Was the student convicted, before the end of 2023, 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 _____

	2023	2022
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 educational assistance received in 2023 allocable to the academic period	_____	_____
Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed	_____	_____

Did the student receive Form 1098-T from this institution for 2023? Yes ☐ No ☐

Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? Yes ☐ No ☐

EIN _____
 Educational Institution Name _____
 Street address, city, state, and ZIP _____

Adjustments

Name:

SSN:

Moving Expenses - Military ONLY

TSJ _____

☐ Select this box and complete the fields below only 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.

2023

2022

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 _____

2023

2022

Enter the qualified long-term care amount

Enter your Medicare wages from an S corporation

Self-Employed Pensions

TSJ _____

2023

2022

Enter your plan contribution rate as a decimal

Enter your allowable elective deferrals made during 2023

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.

2023

2022

Total traditional IRA contributions made for 2023

Amount included above that was contributed between 1/1/2024 and 4/15/2024

Total basis of traditional IRAs as of 12/31/2023

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 2023

Health Savings Account

TS _____

2023

2022

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

☐ Taxpayer only ☐ Family

HSA contributions made for 2023

Total distributions from all HSAs during 2023

Distributions included above that were rolled over into another HSA account

Qualified medical expenses paid using HSA distributions

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 2023?
- ☐ ☐ 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 you 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

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 2023.☐ Some investment is NOT at risk.☐ This business was disposed of during 2023.

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?☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?☐ ☐ If "Yes," was any portion of the loan forgiven in 2023?

Income

2023

2022

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

2023

2022

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 _____

2023**2022**

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): _____

2023

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name:

SSN:

Schedule K-1 from 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 2023.

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 prior to June 1, 2021.☐ ☐ If "Yes," was any portion of the loan forgiven in 2023?

Income

	2023	2022		2023	2022
Sale of livestock and other items	_____	_____	Crop insurance proceeds:		
Cost of items bought for resale	_____	_____	Amount received in 2023	_____	_____
Sale of products you raised	_____	_____	<input type="checkbox"/> You elect to defer to 2024		
Total cooperative distributions (Provide 1099-PATR)	_____	_____	Amount deferred from 2022	_____	_____
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

	2023	2022		2023	2022
Car and truck expenses	_____	_____	Repairs and maintenance	_____	_____
Chemicals	_____	_____	Seeds and plants purchased	_____	_____
Conservation expenses	_____	_____	Storage and warehousing	_____	_____
Custom hire (machine work)	_____	_____	Supplies purchased	_____	_____
Employee benefit programs	_____	_____	Taxes	_____	_____
Feed purchased	_____	_____	Utilities	_____	_____
Fertilizers and lime	_____	_____	Veterinary, breeding, medicine	_____	_____
Freight and trucking	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Gasoline, fuel, and 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 and profit-sharing plans	_____	_____			
Rent - vehicles, machinery, equipment	_____	_____			
Rent - other (land, animals, etc.)	_____	_____			

2023

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ _____ Employer ID number _____

Description _____

☐ This farm was disposed of during 2023.

Income

	2023	2022		2023	2022
Income from production of livestock, produce, grains, and other crops . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions	_____	_____	Amount received in 2023	_____	_____
Total agricultural payments	_____	_____	<input type="checkbox"/> You elect to defer to 2024		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2022	_____	_____
CCC loans reported	_____	_____	Other income	_____	_____
CCC loans forfeited	_____	_____		_____	_____

Expenses

	2023	2022		2023	2022
Car and truck expenses	_____	_____	Seeds and plants purchased	_____	_____
Chemicals	_____	_____	Storage and warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, medicine	_____	_____
Fertilizer and lime	_____	_____	Other expenses (list)		
Freight and trucking	_____	_____		_____	_____
Gasoline, fuel, and oil	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Labor hired (less jobs credit)	_____	_____		_____	_____
Pension and profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery, equipment	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____
Repairs and maintenance	_____	_____		_____	_____

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

Yes No

- ☐ ☐ Did you pay any one household employee cash wages of \$2,600 or more in 2023?
- ☐ ☐ Did you withhold federal income tax during 2023 for any household employee?
- ☐ ☐ Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?
- ☐ ☐ Did you pay unemployment contributions to only one state?
- ☐ ☐ Did you pay all state unemployment contributions for 2023 by April 15, 2024?
- ☐ ☐ Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

2022

Total cash wages subject to Social Security tax	_____	_____
Total cash wages subject to Medicare tax	_____	_____
Total cash wages subject to Additional Medicare tax withholding	_____	_____
Federal income tax withheld	_____	_____
Qualified sick leave wages	_____	_____
Qualified family leave wages	_____	_____
Qualified health plan expenses	_____	_____

TSJ _____ Employer Identification Number _____

Yes No

- ☐ ☐ Did you pay any one household employee cash wages of \$2,600 or more in 2023?
- ☐ ☐ Did you withhold federal income tax during 2023 for any household employee?
- ☐ ☐ Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?
- ☐ ☐ Did you pay unemployment contributions to only one state?
- ☐ ☐ Did you pay all state unemployment contributions for 2023 by April 15, 2024?
- ☐ ☐ Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

2022

Total cash wages subject to Social Security tax	_____	_____
Total cash wages subject to Medicare tax	_____	_____
Total cash wages subject to Additional Medicare tax withholding	_____	_____
Federal income tax withheld	_____	_____
Qualified sick leave wages	_____	_____
Qualified family leave wages	_____	_____
Qualified health plan expenses	_____	_____

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession / product _____

Description _____

Date placed in service _____

Was this vehicle available for personal 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:

2023

2022

Prior year
total

Business _____

Business

Commuting _____

Total

Other _____

Expenses

2023

2022

Garage rent _____

Gas _____

Insurance _____

Licenses _____

Oil _____

Parking fees _____

Rental fees _____

Interest _____

Property tax _____

Repairs _____

Tires _____

Tolls _____

Lease addbacks _____

Other expenses (list):

Apply business %

☐☐☐

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

	2023	2022
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 form		
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	
	2023	2022	2023	2022
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2023				
Business miles driven during 2023				
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Expenses for Business Use of Your Home

Name:

SSN:

Business Use of Home

For _____ Name of business home is used for _____

	2023	2022
Square footage of home used exclusively for business	_____	_____
Total square footage of home	_____	_____

Use of Home for Daycare

	2023	2022
Area used part time for business	_____	_____
Total hours used for day care	_____	_____
Total hours available	_____	_____

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

Expenses

	Office expenses		Home expenses	
	2023	2022	2023	2022
Mortgage interest	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Excess mortgage interest	_____	_____	_____	_____
Excess real estate taxes	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Repairs and 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

	2023	2022
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	_____	_____

Casualties and Thefts

Name: _____

SSN: _____

TSJ _____ FEMA code _____

Property description _____

Property address _____

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 address _____

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 _____

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[illegible]

2023

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (including assets not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

Date acquired _____	Date sold _____	2023	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 _____	2023	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 _____	2023	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"/>			

Foreign Earned Income

Name:

SSN:

Part I - General Information

TSJ _____

Taxpayer's foreign address

Street 1 _____

Street 2 _____

Foreign city _____

Province / state _____ Country _____ Postal code _____

Occupation _____

Employer's name _____

Employer's U.S. address

Street _____

City _____ ST _____ ZIP _____

Employer's foreign address

Street 1 _____

Street 2 _____

City _____

Province / state _____ Country _____ Postal code _____

Employer is: (check any that apply)

☐ A foreign entity☐ A U.S. company☐ Self☐ A foreign affiliate of a U.S. company☐ Other (specify): _____

If you have previously filed Form 2555, enter the last year you filed Form 2555. _____

If you claimed an exclusion in an earlier year, have you ever revoked your choice?

☐ Yes☐ No

If "Yes," give the type of exclusion _____ and tax year _____

Of which country are you a citizen? _____

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?

☐ Yes☐ No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country

Number of days

List your tax homes during your tax year and dates established

Home

Date established

Foreign Earned Income

Name: _____

SSN: _____

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Type of living quarters in foreign country ☐ Purchased house ☐ Rented house or apartment
☐ Rented room ☐ Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? ☐ Yes ☐ No

If yes, who and for what period Relationship For What Period

If you legally reside in a foreign country, did you submit a statement to the foreign country's authorities stating that you are not a resident of said country? ☐ Yes ☐ No

Do you pay income tax to the country where you claim legal residence? ☐ Yes ☐ No

If you were present in the United States during the tax year, enter the information below.

Date Arrived in U.S.	Date Left U.S.	Number of Days in U.S. for Business	Income Earned in U.S. for Business	Date Arrived in U.S.	Date Left U.S.	Number of Days in U.S. for Business	Income Earned in U.S. for Business
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

List any contractual terms or other conditions relating to the length of your employment abroad: _____

List the type of visa under which you entered the foreign country: _____ ☐ Yes ☐ NoDid your visa limit the length of your stay or employment in a foreign country? ☐ Yes ☐ No

If yes, explain _____

Did you maintain a home in the United States while living abroad? ☐ Yes ☐ No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address _____

City _____ State _____ ZIP _____ Was the home rented? ☐

Name of occupant: _____ Relationship of occupant: _____

Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. The 12-month period does not have to begin with the first full day or end date on arrival / departure in a foreign country. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." Do not include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of Country (including U.S.)	Date Arrived	Date Left	Full Days Present in Country	Number of Days in U.S. for Business	Income Earned in U.S. for Business (attach computation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Foreign Earned Income

Name:

SSN:

Part IV - Foreign Earned Income

	2023	2022
Total wages, salaries, bonuses, commissions, etc.		
Allowable share of income for personal services performed:		
In a business (including farming) or profession		
In a partnership (list name, address, and type of income)		
Noncash Income:		
Home (lodging)		
Meals		
Car		
Other property or facility (specify) _____		
Allowances, reimbursements, or expenses paid on your behalf for services performed:		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other (specify) _____		
Other foreign earned income (specify): _____		
Meals and lodging entered above, that were provided by your employer, that are excludable		

For Taxpayers Claiming the Housing Exclusion or Deduction

	2023	2022
Qualified housing expenses for the tax year		
Location where housing expenses incurred _____		
Limit on housing expenses		
Enter the number of days in qualifying period that fall within your 2023 tax year		
Enter employer-provided amounts		

For Taxpayers Claiming the Foreign Earned Income Exclusion

	2023	2022
Enter the number of days in qualifying period that fall within your 2023 tax year		