2022 TAX ORGANIZER

T O

This tax organizer has been prepared for your use in gathering the information needed for your 2022 tax return.

To save you time, selected information from your 2021 tax return has been entered in this organizer. Please line through any information that does not apply to your 2022 tax return.

In some cases, 2021 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

2022 TAX ORGANIZER

T O

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2022 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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Education Expenses		Savings Bond
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Personal Information

Taxpayer:	irst Name and Initial		Last Name						Social Security Numb	er
-										
C	Occupation		Date of Bir	th (Mo/Da/Yr)		ate of Deat	n (Mo/Da/Yr)		Does not e	avnire
D	Driver's License or State-Issued ID Nur	mber	Expiration	Date (Mo/Da/	Yr) İs	ssue Date (N	/lo/Da/Yr)	State	Does not e	:xpii e
L	Driver's License	State-Issued ID	No I	dentification						
Spouse:										
F	First Name and Initial		Last Name						Social Security Numb	er
Ō	Occupation		Date of Bir	th (Mo/Da/Yr)		ate of Deat	n (Mo/Da/Yr)			
_ D	Oriver's License or State-Issued ID Nur	mber	Expiration	Date (Mo/Da/	Yr) İs	ssue Date (N	Mo/Da/Yr)	State	Does not e	expire
	Driver's License	State-Issued ID	No I	dentification						
Contact Information:										
s	Street Address								Apartment Number	
Ō	Dity	-		State					ZIP or Postal Code	
F	Foreign Province or County			_						
Ē	Foreign Country			_						
_										
Т	axpayer Daytime/Work Phone	Taxpayer Evening/Hom	e Phone	Taxpayer For	reign P	hone				
Ŧ	axpayer Cell Phone	Taxpayer Fax Number								
s	Spouse Daytime/Work Phone	Spouse Evening/Home	Phone	Spouse Fore	ign Pho	one				
Ī	Spouse Cell Phone	Spouse Fax Number								
Ŧ	axpayer Email Address									
s	Spouse Email Address									
Ē	Preferred Method of Contact									
							Ye	es N	lo	
May the IRS or other taxing aut Is the taxpayer claimed as a de			 	 						
							1	Гахрауе	r Spous	e
							Ye	es N	lo Yes	No
Are you considered legally blind								$\dashv \vdash$	\dashv \vdash \vdash	
Do you want to contribute to th Are you a U.S. citizen or Green		paign Fund?					• • •			
Personal Identification Number			/ State or C	ity						
The IRS has recommended that	•				TS	State	City	Cod	e PIN	
filing security. If you would like a have one but do not know the li	an IP PIN for yourself, your s	spouse, or your dep	oendents or				-			

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Personal Information

Taxpayer:	st Name and Initial		Last Name					Social Security Number
								,
Occ	cupation		Date of Birth (Mo	o/Da/Yr)	Date of Dea	th (Mo/Da/Yr)		
Driv	ver's License or State-Issued ID N	umber	Expiration Date	(Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State	Does not expire
	Driver's License	State-Issued ID	No Identi	fication	Ch	oose not to pro	ovide	
Spouse:			·					
Firs	st Name and Initial		Last Name					Social Security Number
Occ	cupation		Date of Birth (Me	o/Da/Yr)	Date of Dea	th (Mo/Da/Yr)		
Driv	ver's License or State-Issued ID N	umber	Expiration Date	(Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State	Does not expire
	Driver's License	State-Issued ID	No Identi	fication	Ch	oose not to pro	ovide	
Contact Information:	eet Address							Apartment Number
								·
City	(State				ZIP or Postal Code
Fore	eign Province or County							
Fore	eign Country							
Tax	spayer Daytime/Work Phone	Taxpayer Evening/Hom	ne Phone Taxp	payer Foreign	Phone			
Tax	spayer Cell Phone	Taxpayer Fax Number						
Spo	ouse Daytime/Work Phone	Spouse Evening/Home	Phone Spou	use Foreign P	hone			
Spo	ouse Cell Phone	Spouse Fax Number						
Tax	payer Email Address							
Spo	ouse Email Address							
Prei	ferred Method of Contact							
						Ye	es No	<u>)</u>
May the IRS or other taxing authors is the taxpayer claimed as a depe								_
. ,		• • •				т	axpayer	Spouse
						Ye	es No	Yes No
Are you considered legally blind p	per IRS regulations?							
Do you want to contribute to the		mpaign Fund?						+
Are you a U.S. citizen or Green C						L	_	
Personal Identification Number	s: Code - 1 - Issued b	by IRS 2 - Issued by	y State or City	<u> </u>			•	
The IRS has recommended that t filing security. If you would like an have one but do not know the IR.	n IP PIN for yourself, your	spouse, or your dep	pendents or	TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
Α						
В						
С						
D						
E						
F						
G	·					
н	<u> </u>			<u>-</u>	_	

Did dependent have income over \$4,400?

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

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name Taxable Wages			Tax Withheld					
13	Employer's Name	Taxable wages	Federal	FICA/TIER 1	Medicare	State	Local		



Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
Α						
В						
С						
D						
Е						
F						
G						
Н						

Did dependent have income over \$4,400?

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

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

2022

Electronic Filing

4

Electronic Filing:

Spouse PIN

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has imp filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns	so require	e certain
Do not electronically file the federal return		
Do not electronically file the state return(s)		
Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failu checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.		-
The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature docume electronically filing.	nent whe	n
Would you like to use a randomly generated PIN?	Yes	No
Taxpayer		
Spouse		
If No, enter a 5-digit self-selected PIN: Taxpayer PIN		

Electronic Filing

4

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?		
If you qualify, would you like to file your state returns electronically?		
The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature do electronically filing.	cument	when
Would you like to use a randomly generated PIN?	Yes	No
Taxpayer		
Spouse		
If No, provide a 5-digit self-selected PIN:		
Taxpayer PIN		
Spouse PIN		

4



Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:			
	has informed me (us) that my (our) 20	22 Individu	al Income
	firm files the return on my (our) behalf. I (We) understand that electrons that the IRS received the return, a reduced change		
processing, and faster refunds. I (we) do not want to file n	my (our) return electronically and will personally file the paper retur	n. My (our)	preparer
will not file or otherwise mail or submit my (our) paper retu	urn to the IRS.		
Taxpayer signature:	Date: _		
Spouse signature:	Date: _		
The IRS requires the use of a 5-digit self-selected Perselectronically filing.	sonal Identification Number (PIN) in lieu of mailing a signature	document	when
Would you like to use a randomly generated PIN?		Yes	No
Taxpayer			
Spouse			
If No, enter a 5-digit self-selected PIN:			
Taxpayer PIN	· · · · · · · · · · · · · · · · · · ·		
Spouse PIN			



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2021, your account information is already included below. Would you like any refunds owed to you directly deposited? Would you like to pay any amount due on your federal return using electronic withdrawal? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? Would you like to pay any amount due on your state return(s) using electronic withdrawal? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Name of bank or financial institution Routing Transit Number (RTN) **Traditional Savings IRA Savings** Type of account: Checking Archer MSA Savings Coverdell Ed. Savings **HSA Savings** Is this a business account? Yes Nο Account owner Spouse .loint Taxpayer

	163 140
Nould you like any refunds owed to you directly deposited?	
Nould you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	
If Yes, what amount would you like withdrawn, if not the entire balance due?	
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)	
Nould you like to pay any amount due on your state return(s) using electronic withdrawal?	
If Yes, what amount would you like withdrawn, if not the entire balance due?	
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your federal return using electronic withdrawal?	
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?	
Name of bank or financial institution	
Routing Transit Number (RTN)	
Account number	
Type of account: Checking Traditional Savings IRA Savings	

Coverdell Ed. Savings

Taxpayer

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

HSA Savings

Spouse

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

Is this a business account?

Account owner

Archer MSA Savings

Joint



U.S. Series I Savings Bonds Purchase

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two on \$50 increments.	other ind	ividuals,
	Yes	No
Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds?		
If Yes, provide the information requested for each type of bond you want to purchase using your refund.		
If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provion of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner or if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to	f the bon	ıd,
Joint:		
Co-owner name		
Beneficiary name		
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds		
Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the information should be entered in the taxpayer, spouse, or other owner areas below.		
Taxpayer:		
Co-owner name		
Beneficiary name		
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds		
Spouse:		
Co-owner name		
Beneficiary name		
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds		
Bond purchases for someone other than the taxpayer or spouse:		
Taxpayer name		
Beneficiary name		
Amount of purchase		
Taxpayer name		
Co-owner name		
Beneficiary name		
Amount of purchase		

Interest Income



Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

	Tax-Exempt Interes	st Code: 1 - 1099-II	NT 2 - Private Acti	ivity Bon	d 3 - Both	
TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2021 Interest Amount
	Total					
	Total					J

Seller-Financed Mortgage Interest Information:

•	
Interest Was F	Received
interest was in	leceived
	=

Enter Any A	Additional I	nformatio	on:
-------------	--------------	-----------	-----

Name of Individual from Whom

2022 Interest

Note: List all items sold during the year on Form 7.



Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

	TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
Α						
в						
c						
D						
E						
F						
G						
н						
1						
J						
κ						
L						
М						
ΝL						
		Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	•		
	Code	Tax-Exempt Interest	2021 Gross Dividends Amount
Α			
В			
С			
D			
Ε			
F			
G			
Н			
ı			
J			
K			
L			
М			
N			
	Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



Interest Income and Foreign Information

S	Special Interest C				Financed 3 - Early Withd		nalty 5 - Acc	rued Inter			7 - Amorti	
	1 - Qualified Educa	ational	Series EE Bonds	Mortgage	e Interest 4 - Nominee In	terest	6 - Ori	ginal Issue	Discount A	djustment	Premium /	Adjustr
T	SJ		Source	e		Intere	est Income	U.S. I	Bonds and		Special	Intere
_												
					Tax	-Exempt	Interest Coc	le· 1 - 10	199-INT 2	Private Ac	tivity Bond	3 - Bo
					100	LXOIIIpt	11101001001	10. 1 10		V		
•	Social Security N of Home Buyer	lo.	Address o	f Indivi	dual from Whom Mortg	age Inte	rest Was Re	ceived	C	ode	Tax-Exe Intere	mpt st
	•											
_												
	Federal		State		Investment	Ta	x Exempt Pa	id	2021 Inte	rest		
	Withholding	ı	Withholdin	g	Expenses		CUSIP No.		Amour			
e	ign Taxes Pa	id or	Accrued:									
		Sour			Name of Foreign Cou	ntry	X if Tax	Date P	aid Ta	x Amoun n Foreign	I I ax i	Amou
_		Sourc			Imposing Tax		Accrued	(Mo/Da	ı/Yr) (currency)	(in U.S	. Doll
_												
-												
-												
4	itional State I	nfor	mation:									
41												
	Payer ID				New Hampshire or I	IIInois K	eason intere	est is Noi	тахаріе			
	_		ts and Trusts:								Ī	es
t	any time during 2	2022,	did you have an in	terest ir	n or a signature authority		inancial acco al account?	unt			<u>-</u>	



Dividend Income and Foreign Information

uc.	nd Income:	moidac an	Forms 1099	-DIV or other	sold during th			CEIVE	u	
				(List all iterris	sold during th	Form 1099				
TSJ		Source		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bon Amo	d Interest unt or in Box 1a	Code	Tax-Exempt Interest	
										_
	Box 2a otal Capital Gain istribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectible (28%) Gain		idend	2021 Gross Dividend Amount		Tax-Exempt Into 1 - 1099-DIV 2 - Private Activ	
									3 - Both	
		Form 10	099-DIV							
w	Box 4 Federal ithholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholdin	g					
nia	n Tayos Pai	d or Accrued								
eigı		d or Accrued:		Name of Foreigr	Country	X if Ta		Paid	Tax Amount	Tax Amo
eigı		d or Accrued:		Name of Foreigr Imposing		X if Ta Accrue	ີ or Ac	Paid crued)a/Yr)	Tax Amount (in Foreign Currency)	Tax Amo (in U.S Dollars
eigı							ີ or Ac	crued	(in Foreign	Tax Amo (in U.S Dollars
eigı							ີ or Ac	crued	(in Foreign	Tax Amo (in U.S Dollars
eigı							ີ or Ac	crued	(in Foreign	Tax Amo (in U.S Dollars
	S						ີ or Ac	crued	(in Foreign	Tax Amo (in U.S Dollars
	onal State Ir	Cource		Imposing -	Гах	Accrue	a or Ac (Mo/I	crued Da/Yr)	(in Foreign	Tax Amo (in U.S Dollars
	S	Cource		Imposing -		Accrue	a or Ac (Mo/I	crued Da/Yr)	(in Foreign	Tax Amo (in U.S Dollars
	onal State Ir	Cource		Imposing -	Гах	Accrue	a or Ac (Mo/I	crued Da/Yr)	(in Foreign	Tax Amo (in U.S Dollars
	onal State Ir	Cource		Imposing -	Гах	Accrue	a or Ac (Mo/I	crued Da/Yr)	(in Foreign	Tax Amo (in U.S Dollars
	onal State Ir	Cource		Imposing -	Гах	Accrue	a or Ac (Mo/I	crued Da/Yr)	(in Foreign	Tax Amo (in U.S Dollars
litic	onal State In	nformation:		Imposing -	Гах	Accrue	a or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S Dollars
eigi t any	onal State Ir Payer ID n Bank Acc	Cource	usts:	New Ham	oshire Reason	Dividend is	s Nontaxa	ble	(in Foreign	Tax Amo (in U.S Dollars

Foreign Assets



Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

G	eneral	Information:													
	Title of	filer	have foreign bank acc												
F	oreign	Identification:										V	es	No	
In	If not p Numbe Countr	n TIN assport or TIN, enter of	description				 								
•••		1 - Bank Acco			3 - Other	\neg									
A	Account Type If Other Account Type, Describe Maximum Account Value						t Number			Financial Institution Name					
В															
		;					City								
A B															
Ь			01-1-		710/	D1 -1 O1		0							
A			State		ZIP/I	Postal Cod	de Country				G	IIN			
В															
	or acco	nave no financial intere ount is jointly owned, p count owner information	olease complete	Type of TIN	Code: A	- Employer	Ide	ntification No. (EIN	l) B-S	SN or I	TIN C-	Foreign		•	
		Last Name or	Organization Name			First	t Na	me	Middle Initial	Suffix	,	kpayer lumber			
A B															
_	# of	I					ı			1	Į.				
	Joint Owner		Street Addre	ess						City					
A B															
	1 - No fin	ancial interest 1B - No fina	ancial interest - US person, offi	cer or employee	, residing outs	side US 2/	A - Jo	oint - spouse is joint own	er 2B -	Joint - ot	ner joint own	er 3 - C	onsolida	ted	
		State			ZIP/Pos	stal Code		Country	9	wner- ship code	Fi	ler's Ti	tle		
A B															
ں	—	1 - Deposit 2 - Cu	ustodial		1		<u> </u>								
	Туре	Foreign Currency	Exchange Rate			Source of	Exc	hange		Acct Open	Acct Closed	Joint	No T Item Repor	าร	
A R															



Asset Information:

Name of Foreign Entity Province, County or State of Foreign Entity Province, County or State of Foreign Entity Province, County or Foreign Entity Province, County or Foreign Entity Province, County or Foreign Entity If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity Name of Issuer Name of Issuer Name of Issuer Name of Issuer		Desc	ription		Identii	ying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	Item		
Name of Foreign Entity Type of Foreign Entity Type of Foreign Entity Province, Country or State of Foreign Entity Province, Country or State of Foreign Entity Postal Code of Foreign Entity Province, Country or State of Foreign Entity Province, Country or State of Foreign Entity Province, Country or Foreign Entity Province, Country or State of Foreign Entity Province, Country or Foreign Entity Province, Country or Foreign Entity Province, Country or State of Issuer Province, Country or State or	Value	Foreign	Currency	Exchange Rate	Source of Exchange Rate							
Name of Foreign Entity Type of Foreign Entity	f Asset is Sto	ock of a Foreigr	n Entity or	an Interest in a	Foreign							
Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity 1 - Issuer 2 - Counterparty 1 - Issuer 2 - Code Issuer Code Issuer Code Issuer City or Town of Issuer Country of Issuer Cou		Name of Fo	reign Entity		Foreign	1 - Partnersh				tate		
Name of Issuer 1 - Issuer 2 - Counterparty Issuer Type Code Issuer	City or Town	City or Lown of Foreign Entity			1	-			GIIN	N		
Name of Issuer Code	Asset is NO	T Stock of a Fo	│ oreign Enti	ity or an Interes	t in a Fo					person eign perso		
Mailing Address of Issuer City or Town of Issuer Province, County or State of Issuer Country of Issuer				Name of Issuer					Type of Issuer	Residence of Issue		
Province, County or State of Issuer Country of Issuer				1 - Individual 2 -	Partnershi	p 3 - Corpo	ration 4 - Trust	5 - Estate				
Province, County or State of Issuer of Issuer		Mailing Ad	dress of Issu	uer			City or Tow	n of Issuer				
Foreign assets were acquired or sold during the tax year		Pro	ovince, Cour	nty or State of Issue	r			-		tal Code Issuer		
Foreign assets were acquired or sold during the tax year										Yes		
oreign Bank Accounts and Trusts: At any time during 2022, did you have an interest in or a signature or other authority over a financial account	oreign Bank	Accounts and	Trusts:						[
in a foreign country, such as a bank account, securities account or other financial account? If Yes, enter name of foreign country Were you the grantor of, or transferor to, a foreign trust that existed during 2022, whether or not you had	in a foreign If Yes, enter na	country, such as a ame of foreign coun	bank accour	nt, securities account	or other fi	nancial accoun	t?		[



Brokerage Statement Details

	TSJ	Payer Name	Account No.	Information Included (X or 🖊)
Α				
В				
С				
D				
E				
F				
G				
Н				
1				
J				
K				
L				
М				
N				
0				
Р				
Q				
R				
S				
Т				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
Α								
В								
С								
D								
Е								
F								
G								
Н								
Τ								
J								
K								
L								
M								
N								
О Р								
Q								
R								
S								
Т								

A

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



Brokerag	e Name					TS	J	Acc	ount Nun	nber
rokerag	e Address									
		Intere	st Inco	me and I	Foreig	ın Info	rmatio	<u>1</u>		
araet Ir	ncome: (List all	likawa a alal akwi		Form FC \						
Special	Interest Code: alified Educational Series		Early Withdra Nominee Inter	wal Penalty 4 - A	Accrued Inte	erest le Discount A			able Bond djustment	
1 44	amiou Eudounoma oonoo	Source				t Income	U.S. Bon Obligat	ds and	Code	Special Interes
							- Campa			
Tax-Ex ▼	empt Interest Code:	1 - 1099-INT		e Activity Bond	3 - Both			T		
Code	Tax-Exempt Interest	Investr Exper		Federa Withholdi		Sta Withho		Tax Ex Bond CU		2021 Interest Amount
eign T	axes Paid or Acc	rued:								
_	Source		Name	of Foreign Cou Imposing Tax	intry	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr	l (in l	Amount Foreign rrency)	Tax Amount (in U.S. Dollar
ditiona	l State Information	on:								
Payer ID New Hamp				New Hampshire	e or Illinoi:	s Reason Ir	terest is No	ntaxable		
1										



Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

Dividend Income:

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

			Fo	orm 1099-DIV		
	Source	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
Α						
В						
С						
D						
Е						

		Form 1099-DIV											
	Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2021 Gross Dividends Amount							
Α													
В													
С													
D													
Ε													

		Form 1	099-DIV	
	Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
Α				
В				
С				
D				
F				

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
Α						
В						
С						
D						
E [

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
Α		
В		
С		
D		
Е		



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

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

ou have any of the following during the year?						Yes	N
utual fund transactions							
schange of any securities or investments for something other than cash							
ales of inherited property							
ales of any stock or stock options at a loss and purchases of the same	or substantially simi	ilar stock or c	ptions 3	30 days			
before or 30 days after the sale							
ommodity sales, short sales or straddles							
einvestment of the proceeds of the sale of a publicly traded security into	o an SSBIC interest						
einvestment of the proceeds of the sale of qualified small business stoc	k in other qualified	small busines	s stock				
ecurities which became worthless							
Kind of Property and Description		Qua	ntity	Date Acquired (Mo/Da/Yr	1	Date S Mo/Da	
				(,		—
	0						_
	Gross Sales Price (Less Commissions)	Cost or Other Bas		Federal Tax Withheld		State Ta Withhe	
A							
В							
C							
D							
er Income:							
Nature and Source			2022	Amount	202	I Amou	nt
er Adjustments to Income:		*		,			
Nature and Source			2022	Amount	202	l Amou	nt
estment Interest Expense:							
terest paid on money you borrowed that is allocable to property held fo	r investment.						
Paid To			2022	Amount	202	l Amou	nt
eign Bank Accounts and Trusts:	or authority over a fi	inancial acco	unt			Yes	
t any time during 2022, did you have an interest in or a signature or othe in a foreign country, such as a bank account, securities account, or o	•	10					f

any beneficial interest in it?



Business Income and Cost of Goods Sold

Name of Business:			
Principal Business or Profession:			
TSJ Employer ID number Street address City, state, ZIP or postal code, and country Method of inventory Method of accounting			
Business Questions for 2022:		Yes	No
Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventive you involved in the operations of this business on a regular, continuous and substantial basis? Have you prepared or will you prepare all required Forms 1099?	(Mo/Da/Yr) tory?		unt
Health insurance premiums paid for yourself and your dependents			
Payment card and third party transactions: Include all Forms 1099-K			
Description	2022 Amount	2021 Amou	int
Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC		_	
Other Income:			
Other gross receipts or sales Less returns and allowances			
Cost of Goods Sold:	2022 Amount	2021 Amou	ınt
Beginning inventory Purchases less cost of items withdrawn for personal use Cost of labor (do not include amounts paid to yourself) Materials and supplies		-	
Other costs of goods sold:			
Description	2022 Amount	2021 Amou	ınt
		_	
		-	
Ending inventory			



rincipal Business or Profession:		
expenses:	2022 Amount	2021 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other	• •	
Interest - other	• •	
Legal and professional fees Office expense	• •	1
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance	• •	
Supplies (not included in Cost of Goods Sold)	• •	
Taxes and licenses		
Travel		
Meals		
Entertainment (deductible only on some state returns)		
Utilities		
Wages		1
Dependent care benefits		L
hther Expenses:		
Description	2022 Amount	2021 Amount
roperty and Equipment: Include a list if more space is needed		
	Date Acquired (Mo/Da/Yr)	Cost
X if Acquisitions - Description		
X if not new Acquisitions - Description	(110,24,11)	
not new Acquisitions - Description	Date Sold	
	Date Sold	Selling Price





Business Expenses - Vehicle and Other Listed Property

ame of Business:	• • -			
rincipal Business or Profession:	· · ·			
sted Property Questions for 2022:				Yes
Do you have evidence to support your deduc	tion?			
Do you have evidence to support the busines				
If Yes, is the evidence written?				
If you are an employer who provides vehicl	les for use by employee	s:		Vaa
Do you maintain a written policy statemen	nt that prohibits all persor	nal use of vehicles, inclu	ding commuting, by your employ	ees?
Do you maintain a written policy statemen	nt that prohibits personal	use of vehicles, except	commuting, by your employees?	
Do you treat all use of vehicles by employe	ees as personal use? .			
Do you provide more than five vehicles to	vour employees, obtain i	nformation from vour en	nnlovees about the use of the	
vehicles and retain the information rec		•		
hicle:	Vehi	cle 1	Vehicle	2
Description of vehicle			-	
Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another				
vehicle available for your personal use?	Yes No		Yes No	
Was your vehicle available for use during				
off-duty hours?	Yes No		Yes No	
Mileage:	2022 Miles	2021 Miles	2022 Miles	2021 Miles
Total miles				
Total business miles				
Business miles after June 30				
Total commuting miles for the year				
Actual Expenses:	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

Business Expenses



	r Profession:		
usiness Expenses:	Enter all expenses at 100 percent		
If not 100%, please ent	er the percentage to apply to this business		
		2022 Amount	2021 Amount
Parking fees and tolls			
Local transportation			
- .			
	ole only on some state returns)		
Other Business Expens			
	Description	2022 Amount	2021 Amount
eimbursements:	List only reimbursements NOT reported in	0000 A	2021 Amount
	Box 1 of your Form W-2	2022 Amount	202 i Amount
	her expenses		
	eals		
	tertainment		
	nployee, does your employer's reimbursement plan for meals		
and entertainment a ehicle:	Illow for offset of other reimbursements?	Yes N	lo
	er the percentage to apply to this business	%	
Description of vehicle			
•	d in service (Mo/Da/Yr)		
Date vernote was place	2 11 051 1100		
Do you (or your spouse) have another vehicle available for personal purposes?	Yes	lo
Was your vehicle availa	ble for personal use during off-duty hours?	Yes	lo
		2022	2021
			2021
			2021
			2021
Total business miles			
Total business miles Business miles after Ju	ne 30		2021
Total business miles Business miles after Ju Average daily commuti	ne 30		2021
Total business miles Business miles after Ju Average daily commuti Total commuting miles	ne 30 ng miles for the year		
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil	ne 30 ng miles for the year		2021
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil Repairs	ne 30 ng miles for the year		2021
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil Repairs Insurance	ne 30 ng miles for the year		2021
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil Repairs Insurance Interest	ne 30 ng miles for the year		
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil Repairs Insurance Interest	ne 30 ng miles for the year		2021
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes	ne 30 ng miles for the year		
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov	ne 30 ng miles for the year ided vehicle als		2021
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov Temporary vehicle rent Fair market value of lea Vehicle leases	ne 30 ng miles for the year ided vehicle als sed vehicle		
Total business miles Business miles after Ju Average daily commuti Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov Temporary vehicle rent Fair market value of lea	ne 30 ng miles for the year ided vehicle als sed vehicle	2022 Amount	2021

Business Use of Home

6D

rincipal B	usiness or Profession:				
artial Use	of Your Home for Business:			2022	2021
	tage of home used exclusively for busin	ness			_
	re footage of home				-
Total Hours	Thome was used for day care during the	e year			1
					Yes
•	ome used for day care purposes for the			for business?	
were impro	ovements made to the home and/or hor	ne office since the time yo	u began using the nome	e for business?	
xpenses:	Enter all expenses at 100 pe	ercent			
	enses benefit the business part of your h				
•	le: Cost of painting or repairs made to t	·	sed for business.		
	penses are required for keeping up and le: Real estate taxes.	running your entire home.			
·					_
		Direct E	•		Expenses
		2022 Amount	2021 Amount	2022 Amount	2021 Amount
Casualty lo					_
	mortgage interest paid to: al institutions				
Individu					-
Real estate	taxes				
Insurance	,				-
	ortgage insurance premiums				_
Utilities	d maintenance				-
Rent					
ther Expe	nses:				
-		Direct E	xpenses	Indirect	Expenses
	Description	2022 Amount	2021 Amount	2022 Amount	2021 Amount
					_
					_
		_			_
					-
					_
		_			_
. II =:		- 11			
aller-Finai	nced Mortgage Interest Inform	nation:			



Sales of Stocks, Securities, Capital Assets & Installment Sales

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

Did you have any of the following during the year?	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days		

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Sale of any property where you will receive payments in future years

before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of gains in a qualified opportunity fund		
Sale of any investments in qualified opportunity funds		
Debts that became uncollectible		
Securities that became worthless		

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

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

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2022 Principal Received	2021 Principal Received



Sale or Exchange of Your Home:

Former Home Information:	
TSJ (Mo/Da/Yr) Date acquired (Mo/Da/Yr) Date sold (Mo/Da/Yr)	
Selling price	
Original Cost and Cost of Improvements:	
Description	Amount
Commissions, legal fees, advertising and other expenses.	
Description	Amount
f your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?	
ving Expenses:	
Vere the moving expenses reimbursed by your employer? Enter reimbursements not included in wages on your Form W-2	Yes N
Vas the move due to a permanent change of station pursuant to a military order?	Yes N
Mileage:	Miles
Number of miles from old home to new workplace (applicable only on some state returns) Number of miles from old home to old workplace (applicable only on some state returns) Number of automobile miles in move before July 1, 2022 Number of automobile miles in move after June 30, 2022	
ransportation Expenses:	Amount
Costs of transportation of household goods and personal effects Costs of travel and lodging (do not include meals or automobile expenses) Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	



Individual Retirement Account (IRA):	Include all copies of Forms 1099-R and 5498.		
TS	· · · · · · · · · · · · · · · · · · ·		
IRA Questions for 2022:		Yes	No
Are you covered by an employer's retiremer If no, is your spouse covered by an emp	loyer's retirement plan?		
Do you want to limit your IRA contribution to	o the maximum amount deductible on your tax return?		
, , ,	imum allowable amount to your IRA even though you may not qualify		
Did you use any IRA as security for a loan th	nis year?		
Did you have any transactions with any IRA	during the year?		
Outstanding rollovers on December 31, 202 Total distributions converted to Roth IRAs Total retirement plans converted to Roth IRA	equired if you received a distribution during the year.		
Contributions:			
IRA:			
Contributions in 2022 for the 2022 tax re	eturn		
Contributions in 2023 for the 2022 tax re	eturn		
Amount for 2022 you choose to be treat	ed as nondeductible		
Roth IRA:			
Contributions made for the 2022 tax year	ır		
Distributions: Include all	Forms 1099-R and any nontaxable distribution details		

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





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

TSJ	Name of Payer	2022 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2021 Gross Distributions

Self-Employed Retirement Plan:	Include copies of all Forms 109	9-R	
		Taxpayer	Spouse
Have you established a self-employed ret deductible contributions? Do you want to contribute the maximum			Yes No
Contributions to:		2022 Amount	2022 Amount
Simplified employee pension plan			
Defined benefit plan			
Defined contribution plan			
SIMPLE plan			





Location of Property:		
TSJ		
Type of property		
		Yes No
Harmon and any illumination of Farms 40000		Yes No
Have you prepared or will you prepare all required Forms 1099?		
	2022	2021
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value?	,,	
How many days was this property used personally (including use by family members)?		
ncome:	2022 Amount	2021 Amount
Rents received		
Royalties received		
1. 1. 1. 1. 5		
Payment card and third party transactions: Include all Forms 1099-K		
Description	2022 Amount	2021 Amount
Miscellaneous income: Include all Forms 1099-MISC		
Description	2022 Amount	2021 Amount
Description	2022 Amount	202 i Amount
Other income:		
Other income:	1	
Description	2022 Amount	2021 Amount





Location of Property:

cpenses:	2022 Amount	2021 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		
Other Expenses:		
Description	2022 Amount	2021 Amount





Rental and Royalty Property and Equipment & Depletion

ocation of	Property:					
roperty an	d Equipment:	Include a list if m	ore space is needed	d		
Acquisition	ons:					
X if not new	X if Descripti		iption		Date Acquired (Mo/Da/Yr)	Cost
D:						
Disposition	Descrip	tion	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price
ercentage	Depletion Info	mation:				
					Royalty	Income
		Production Typ	oe		2022 Amount	2021 Amount





Rental and Royalty Vehicle and Other Listed Property

Location of Property:				
Listed Property Questions for 2022:				Yes
Do you have evidence to support the busines	s use percentage claimed	d on listed property?		
If you are an employer who provides vehicl	es for use by employees	s:		
Do you maintain a written policy statemen	t that prohibits all person	al use of vehicles, inclu	ding commuting, by your employees	? Yes No
Do you maintain a written policy statemen	t that prohibits personal	use of vehicles, except	commuting, by your employees?	
Do you treat all use of vehicles by employe	ees as personal use?			
Do you provide more than five vehicles to vehicles and retain the information received	. 10		nployees about the use of the	
Do you meet the requirements for qualified use by individuals other than full-time to possessions in the vehicle and limits the	vehicle salespersons, use	for personal vacation to	rips, storage of personal	
Vehicle:	Vehi	cle 1	Vehicle 2	
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?	Yes No		Yes No	
Mileage:	2022 Miles	2021 Miles	2022 Miles 20	021 Miles
Total miles Total business miles Business miles after June 30 Total commuting miles for the year				
Actual Expenses:	2022 Amount	2021 Amount	2022 Amount 203	21 Amount
Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases				





usiness Expenses:	Enter all expenses at 100 percent			
•	percentage to apply to this business			
ii not 100%, enter the p	referringe to apply to this business			
			2022 Amount	2021 Amount
				_
				_
				-
				_
Other Business Expens	ble only on some state returns)	L		
	Description		2022 Amount	2021 Amount
eimbursements:	List only reimbursements NOT reported in		2022 Amount	2021 Amount
	Box 1 of your Form W-2]	2022 Amount	202 I AIIIOUIII
	her expenses			_
	eals			_
Amount received for en	eals Itertainment			
Amount received for enehicle:	ntertainment	L	%	
Amount received for enehicle: If not 100%, enter the p	percentage to apply to this business	L 	<u>%</u>	
Amount received for enehicle: If not 100%, enter the properties the properties of vehicle.	ntertainment	L =	%_	
Amount received for enehicle: If not 100%, enter the properties description of vehicle Date vehicle was placed	percentage to apply to this business d in service			
Amount received for enehicle: If not 100%, enter the publication of vehicle Date vehicle was placed Do you (or your spouse	percentage to apply to this business d in service have another vehicle available for personal purposes?		Yes No	
Amount received for enehicle: If not 100%, enter the publication of vehicle Date vehicle was placed Do you (or your spouse	percentage to apply to this business d in service			
Amount received for enehicle: If not 100%, enter the publication of vehicle Date vehicle was placed Do you (or your spouse	percentage to apply to this business d in service have another vehicle available for personal purposes?		Yes No	2021
Amount received for enehicle: If not 100%, enter the publication of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa	percentage to apply to this business d in service have another vehicle available for personal purposes?	(Mo/Da/Yr)	Yes No No No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed Do you (or your spouse Was your vehicle availated) Total miles	d in service have another vehicle available for personal purposes? able for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No No No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed Do you (or your spouse Was your vehicle availated) Total miles Total business miles	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No No No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Description of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availad. Total miles	percentage to apply to this business d in service b) have another vehicle available for personal purposes? able for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No No No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Description of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availad. Total miles	percentage to apply to this business d in service b) have another vehicle available for personal purposes? able for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No No No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availad. Total miles	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed Do you (or your spouse Was your vehicle availated) Total miles Total business miles Business miles after Ju Average daily commuting Total commuting miles Gasoline and oil	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours? ne 30 ng miles for the year	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availated.) Total miles Total business miles Business miles after Juran Average daily commuting total commuting miles Gasoline and oil Repairs	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours? ne 30 ng miles for the year	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availad. Total miles Total business miles Business miles after Juraness miles Gasoline and oil Repairs Insurance	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours? ne 30 ng miles for the year	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availant of the properties of th	percentage to apply to this business d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ne 30 ng miles for the year	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availad. Total miles Total business miles Business miles after Ju Average daily commuting Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer province	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours? ne 30 ng miles for the year dided vehicle	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availant of the properties of th	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours? ne 30 ng miles for the year ided vehicle als	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availad. Total miles Total business miles Business miles after Ju Average daily commuting Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov Temporary vehicle rents	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours? ne 30 ng miles for the year ided vehicle als seed vehicle	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Description of vehicle Date vehicle was placed Do you (or your spouse Was your vehicle availad Total miles Total business miles Business miles after Ju Average daily commuting Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov Temporary vehicle rents Fair market value of lea	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours? ne 30 ng miles for the year ided vehicle als ased vehicle	(Mo/Da/Yr)	Yes No	2021
Amount received for enehicle: If not 100%, enter the properties of vehicle Date vehicle was placed. Do you (or your spouse Was your vehicle availated.) Total miles Total business miles Business miles after Juran Average daily commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov Temporary vehicle rents Fair market value of lead Vehicle leases	percentage to apply to this business d in service have another vehicle available for personal purposes? able for personal use during off-duty hours? ne 30 ng miles for the year ided vehicle als ased vehicle	(Mo/Da/Yr)	Yes No	2021 2021 Amount



Location of Property:				
Partial Use of Your Home for Business:				2022
Square footage of home used exclusively for busine Total square footage of home	ess			
Were improvements made to the home and/or home	ne office since the time yo	ou began using the home	e for business?	Yes No
Expenses: Enter all expenses at 100 pe	ercent			
Direct expenses benefit the business part of your h	ome.			
Example: Cost of painting or repairs made to the	e specific area or room us	sed for business.		
Indirect expenses are required for keeping up and real example: Real estate taxes.	running your entire home.			
	Direct I	Expenses	Indirect I	Expenses
	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				
Other Expenses:				
Description	Direct I	Expenses	Indirect I	Expenses
Description	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Seller-Financed Mortgage Interest Inform	nation:			
Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individu	ual to Whom Mortgage	Interest Was Paid



Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership	Income: Include all Schedules K-1		
TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity
			-
Corporation	on Income: Include all Schedules K-1		
TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity
			-
	Frust Income: Include all Schedules K-1		
rsj	Entity Name		Employer ID Number
eal Estate	Mortgage Investment Conduit (REMIC) Income: Includ	e all Schedules Q	
TSJ	Entity Name		Employer ID Number



11A



siness Expenses	Enter all expenses at 100 percent		
If not 100%, enter the	e percentage to apply to this business		<u></u>
		2022 Amount	2021 Amount
Davidina force and talle			2021 Amount
	·	I	
			-
			-
	tible only on some state returns)		
Other Business Exper			
	Description	2022 Amount	2021 Amount
imbursements:	List only reimbursements NOT reported		
	in Box 1 of your Form W-2	2022 Amount	2021 Amount
Amount received for o	other expenses		
Amount received for I	meals		
Amount received for	entertainment		
hicle:			
	percentage to apply to this business		
Description of vehicle			
Date vehicle was place	ed in service (Mo/Da/Yr)		
Do vou (or vour enous	e) have another vehicle available for personal purposes?	Yes No	
	able for personal use during off-duty hours?		
vvas your vernole avan	able for personal add darring on dary floars.		T
		2022	2021
Total miles			
Total business miles			
Business miles after J	une 30		
Average daily commut	ting miles		
Total commuting miles			
Gasoline and oil			
nsurance			
/alue of employer pro			
. , .	data		
Temporary vehicle ren		I	
Temporary vehicle ren Fair market value of le	ased vehicle		
Famporary vehicle ren Fair market value of le Vehicle leases Other Vehicle Expense	ased vehicle		
emporary vehicle ren air market value of le /ehicle leases	ased vehicle	2022 Amount	2021 Amount



11B



Activity Name:				
Partial Use of Your Home for Business:				2022
Square footage of home used exclusively for busine Total square footage of home	ess			
Were improvements made to the home and/or hom	•	ou began using the home	e for business?	Yes N
Expenses: Enter all expenses at 100 pe				
Direct expenses benefit the business part of your he Example: Cost of painting or repairs made to the		sed for business.		
Indirect expenses are required for keeping up and r Example: Real estate taxes.	unning your entire home			
	Direct	Expenses	Indirect E	Expenses
	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes				
Insurance Qualified mortgage insurance premiums Repairs and maintenance				
Utilities Rent				
Other Expenses:				
	Direct	Expenses	Indirect E	Expenses
Description	2022 Amount	2021 Amount	2022 Amount	2021 Amount
		_		
Seller-Financed Mortgage Interest Inform	ation:			
Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individu	al to Whom Mortgage	Interest Was Paid

Form M-15 200213 04-01-22



Farm Income (Page 1 of 2)

Proprietor's Name:				
Principal Crop or Activity: TSJ	_			
Farm Questions for 2022:				N N
Did you dispose of this farm? If Yes, what was the disposition date? Have you prepared or will you prepare all required For			Yr)	Yes No 2021 Amount
Health insurance premiums paid for yourself and your	dependents			
Sales of Livestock and Other Items Bought	-	Method Only):	20	021
Description	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis
Income (Accrual Method): Description	Beginning Inventory	Cost of Items	Sales	Ending Inventory
Becomption	Dogg Inventory	Purchased	Cuico	Ending inventory
Income:			2022 Amount	2021 Amount
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				





Farm Income (Page 2 of 2)

roprietor's Name:		
rincipal Crop or Activity:		
ncome:		
Payment card and third party transactions: Include all Forms 1099-K		
Description	2022 Amount	2021 Amount
		_
Government payments: Include all Forms 1099-G		
Description	2022 Amount	2021 Amount
		_
Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC		
Description	2022 Amount	2021 Amount
		-
Other income:		T
Description	2022 Amount	2021 Amount



Farm Expenses and Property & Equipment

noipai Olop ol Activit	.				
	••				
penses:				2022 Amount	2021 Amoun
Business meals					
	ly on some state returns)				
Car and truck expenses .					
	nd health insurance (other than				
eed purchased					
ertilizers and lime					
reight and trucking					
nsurance (other than health)					
nterest - mortgage (paid to b	anks, etc.)				
abor hired					
Pension and profit-sharing pl	ans				
Rent or lease - vehicles, mac	ninery and equipment				
	imals, etc.)				
Repairs and maintenance					
Seeds and plants purchased					
Storage and warehousing					
Supplies purchased					
axes					
Jtilities					
eterinary, breeding and med	licine				
Capitalized preproductive pe	riod expenses				
Dependent care benefits					
er Expenses:					
	Description			2022 Amount	2021 Amoun
perty and Equipment	: Include a list if mor	e space is need	led		
perty and Equipment		-	led	Date Acquired	0.14
	: Include a list if mor	-	led	Date Acquired (Mo/Da/Yr)	Cost
X if		-	led		Cost
X if		-	led		Cost
X if		-	led		Cost
X if not new		-	led		Cost Selling Price



12C



Proprietor's Name:					
Principal Crop or Activity:					
Listed Property Questions for 2022:				Yes	No
Do you have evidence to support the business	s use percentage claime	d on listed property?			
If you are an employer who provides vehicle	es for use by employee	s:		Yes	No
Do you maintain a written policy statemen	t that prohibits all persor	nal use of vehicles, incl	uding commuting, by your employees?	res	NO
Do you maintain a written policy statemen	t that prohibits personal	use of vehicles, except	commuting, by your employees?		
Do you treat all use of vehicles by employed by the provide more than five vehicles to vehicles and retain the information received by you meet the requirements for qualified use by individuals other than full-time vehicle and limits the total mileage.	your employees, obtain i sived? d demonstration use by rehicle salespersons, use	nformation from your e	olicy statement that prohibits vehicle trips, storage of personal possessions		
Vehicle:	Vehi	cle 1	Vehicle 2		
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?	Yes No		Yes No		
Mileage:	2022 Miles	2021 Miles	2022 Miles 2021	Miles	
Total miles Total business miles Business miles after June 30 Total commuting miles for the year					
Actual Expenses:	2022 Amount	2021 Amount	2022 Amount 2021	Amount	
Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases					



roprietor's Name:			
rincipal Crop or A	ctivity:		
Business Expenses	Enter all expenses at 100 percent		
If not 100%, enter the	percentage to apply to this business		
		2022 Amount	2021 Amount
Parking foos and talls			
Local transportation			
	tible only on some state returns)		
	Description	2022 Amount	2021 Amount
Reimbursements:			
	List only reimbursements NOT reported		
	in Box 1 of your Form W-2	2022 Amount	2021 Amount
Amount received for o	ther expenses		
	neals		
	ntertainment		
ehicle:		•	
	percentage to apply to this business	%	
Description of vehicle	ed in service (Mo/Da/Yr)		
bate vernole was place	(1.05/2017)		
Do you (or your spous	e) have another vehicle available for personal purposes?	Yes No	
Was your vehicle avai	able for personal use during off-duty hours?	Yes No	
		2022	2021
Total miles			
Total hilles			
Business miles after J	une 30		
Average daily commu			
	s for the year		
Danielina			
Insurance			
Interest			
Taxes			
	vided vehicle		
Value of employer pro			
Temporary vehicle rer			
Temporary vehicle rer			
Temporary vehicle rer Fair market value of le Vehicle leases	ased vehicle		
Temporary vehicle rer	ased vehicle	2022 Amount	2021 Amount



Proprietor's Name:				
Principal Crop or Activity:				
Partial Use of Your Home for Business:				2022
Square footage of home used exclusively for busined Total square footage of home	ess			
Were improvements made to the home and/or hom	e office since the time you	u began using the home	e for business?	Yes No
Expenses: Enter all expenses at 100 pe	rcent			
Direct expenses benefit the business part of your he Example: Cost of painting or repairs made to the Indirect expenses are required for keeping up and r Example: Real estate taxes.	e specific area or room us	ed for business.		
	Direct E	xpenses	Indirect	Expenses
	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance Qualified mortgage insurance premiums Repairs and maintenance Utilities Rent				-
Other Expenses:				
Description	Direct E	xpenses 2021 Amount	Indirect 2022 Amount	Expenses 2021 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:	TSJ		TSJ	
	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2022				
Social security benefits received				
Social security benefits repaid in 2022				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2022				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding	·			

State and Local Income Tax Refunds:

тел	State	City Tax		Income Ta	ax Refund
130	State	City	Year	State	Local

Other Income:

TSJ	Nature and Source	2022 Amount	2021 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	2022 Amount	2021 Amount



Ed	ucat	or Expenses: De	eduction f	or amou	id by educators of kindergarten t	hrough Grade 12			
	TS	2022 Amount	2021	Amount					
He	alth	Savings Account	s (HSAs)	Include	orms 1099-SA				
	TS			Des	1	2022 Amount	2021	Amou	nt
		Contributions made for	or 2022						
		Distributions received	from all HSA	As in 2022					
A /I		f	and the factor of	al a alona Atta La da	Out only Family			Yes	No
	٠.	e of coverage applies to HSA contributions list	, ,		, , , ,			163	140
	,	distributions from your							
		or your spouse enroll in			expenses?				
	,	, what month did you e							-
		month did your spouse							
		, , , , , , , , , , , , , , , , , , , ,	• •						
Otł	ner A	Adjustments to In	come: Ir	nclude all	s 1098-E for Student Loan Interes	st Paid			
	TSJ			Nature	urce	2022 Amount	2021	Amou	nt
							-		
						ļ.	1		



Ministerial Income

TS			_
Do you have any expenses associated with a business as a minister?		Yes	No.
If Yes, enter the name of the business:			
Do you have any expenses associated with your wages received as a minister?			
If Yes, enter the occupation:			
Parsonage:	2022 Amount	2021 Am	ount
Fair rental value of parsonage provided by church Utility allowance of parsonage Actual expenses for utilities of parsonage			
Rental or Parsonage Allowance:	2022 Amount	2021 Am	ount
Parsonage or rental allowance			
Utility allowance			
Actual expenses for parsonage			
Actual expenses for utilities Fair rental value of home, plus the cost of utilities			



	al and Dental Expenses:	TSJ	2022 Amount	2021 Amount
Pres	cription medicines and drugs			
Гotа	medical insurance premiums paid *			
Long	term care expenses			
Tota	l insurance reimbursement			
Num	ber of miles traveled for medical care before July 1, 2022			
Pers	onal protective equipment			
Lodo	ging			
Doct	ors, dentists, etc.			
Hosp	pitals			
Lab ·				
Eyeg	lasses and contacts			
Num	ber of miles traveled for medical care after June 30, 2022			
			2022 Amount	2021 Amount
Тахр	ayer long-term care insurance premiums paid			
Spou	use long-term care insurance premiums paid	. L		
ГSJ	Description		2022 Amount	0004 Amazanint
	Description		ZOZZ AMOUNT	2021 Amount
xes	·		ZOZZ AITIOUIT	2021 Amount
xes	Paid: Include copies of your tax bills	TSJ	2022 Amount	2021 Amount
Pers	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes)	TSJ		
Pers	Paid: Include copies of your tax bills	TSJ		
Pers Gene	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes)	TSJ		
Pers Gene	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items	TSJ		
Pers Gene	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state.	TSJ	2022 Amount	2021 Amount
Pers Gene	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state.	TSJ	2022 Amount	2021 Amount
Pers Gene Item	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state. Real Estate Taxes	TSJ	2022 Amount	2021 Amount
Pers Gene Item	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state.	TSJ	2022 Amount	2021 Amount
Pers Gene Item	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state. Real Estate Taxes	TSJ	2022 Amount	2021 Amount
Pers General Item	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state. Real Estate Taxes Taxes Paid:	TSJ	2022 Amount 2022 Amount	2021 Amount 2021 Amount
Pers Generatem TSJ	Paid: Include copies of your tax bills onal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state. Real Estate Taxes Taxes Paid:	TSJ	2022 Amount 2022 Amount	2021 Amount 2021 Amount



If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? Did you refinance your home? (if Yes, enclose the closing statement.) If Yes, how many years is your new mortgage loan? Did you purchase a new home or sell your former home during the year? If Yes, enclose the closing statements from the purchase and sale of your new and former homes. If Yes, alon, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? Home Mortgage Interest Paid To Financial Institutions: TSJ Paid To Did You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No 2022 Amount 2021 And You Premiums paid or accrued for qualified mortgage insurance.	Mortg	age Questions for 2022:					Yes N	
TSJ Paid To Paid To Paid To Paid To Did You Receive Form 1098? Yes No Other Home Mortgage Interest Paid: TSJ Paid To Name Address Did You Receive Form 1098? Paid To Did You Receive Form 1098? Paid To Did You Receive Form 1098? Yes No Did You Receive Form 1098? Yes No Did You Receive Form 1098? Yes No TSJ Paid To Did You Receive Form 1098? Yes No Did You Receive Form 1098? Did You Receive Form 1098? Yes No Did You Receive Form 1098?	Did y If Did y If	Yes, how many years is your new you purchase a new home or sell y Yes, enclose the closing statement Yes, also, did you (or your spoused during the 3 year period prior to the Yes, did you (and your spouse, if	mortgage loan? pur former home during the year? nts from the purchase and sale of your new if if married) have an ownership interest in a the purchase of this home? married at the time of purchase) own and u	and former a principal re	homes. esidence in	the US		
Paid To Paid To Paid To Poid To Poid To Poid To Poid To ID Number 2022 Amount 2021 Ar Poid To TSJ Paid To ID Number 2022 Amount 2021 Ar Poid To Poid You Receive Form 1098? Yes No Premiums paid or accrued for qualified mortgage insurance. TSJ Premiums paid or accrued for qualified mortgage insurance. TSJ 2022 Amount 2021 Ar TSJ 2022 Amount 2021 Ar Interest paid on money you borrowed that is allocable to property held for investment.	Home	Mortgage Interest Paid To	Financial Institutions:					
Other Home Mortgage Interest Paid: TSJ								
Paid To Name Address Deductible Points: TSJ Paid To Did You Receive Form 1098? Yes No 2022 Amount 2021 And 2021 And 2022 Amount 2021 And 2022 Amount 2021 And	TSJ		Paid To			2022 Amount	2021 Amount	
Paid To Name Address Did You Receive Form 1098? Yes No Paid To Paid To TSJ Paid To Did You Receive Form 1098? Yes No 2022 Amount 2021 Are provided to the provided for investment and the provided for investment.							_	
Name Address Deductible Points: TSJ Paid To Did You Receive Form 1098? Yes No 2022 Amount 2021 And You Receive Form 1098? Yes No Mortgage Insurance Premiums: Premiums paid or accrued for qualified mortgage insurance. TSJ 2022 Amount 2021 And 2021 An	Other	Home Mortgage Interest I						
TSJ Paid To Paid To Paid To Did You Receive Form 1098? Yes No 2022 Amount 2021 Are provided to the property held for investment.	TSJ	Name	Address	ID Nu	mber	2022 Amount	2021 Amount	
TSJ Paid To Form 1098? Yes No 2022 Amount 2021 Aid Yes No 2022 Amount 2022 Amount 2021 Aid Yes No 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022 Amount 2022	Deduc	tible Points:						
Mortgage Insurance Premiums: Premiums paid or accrued for qualified mortgage insurance. TSJ 2022 Amount 2021 Air 2021 Air 2022 Amount 2021 Air 2021 Air 2021 Air 2021 Air 2021			Paid To	Form	1098?	2022 Amount	2021 Amount	
Premiums paid or accrued for qualified mortgage insurance. TSJ 2022 Amount 2021 Aid 2021 Aid 2022 Amount 2021 Aid 2021 Amount 2021 Amo				163	No		_	
TSJ 2022 Amount 2021 And 2021	_	=						
Interest paid on money you borrowed that is allocable to property held for investment.	Prem	nums paid or accrued for qualified	mortgage insurance.		TSJ	2022 Amount	2021 Amount	
		est paid on money you borrowed t		ent.		2022 Amount	2021 Amount	



В

Lither Method Liescription	TSJ		Determine FMV		le Sale 5 - Thrift Shop Value				
canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charty, the date, and the amount) or a communication must include the name of the charty, date of the contribution, and amount of contribution. Ciothes and household items donated must be in good, used condition or better in order to be deductible unless the item don worth more than \$500 and you have the item 5 value appraised. Attach a copy of the appraisal, include any vehicles donated to chartly. TSJ	TSJ				Other Method Desc	cription			1
canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount of communication from the charity. The written communication must include the name of the charity, date of the namount of contribution, and amount of contribution. Clothes and household items denated must be in good, used condition or better in order to be deductible unless the item don worth more than \$500 and you have the item steep and the copy of the appraisal. Include any local contribution or Description of Contribution TSJ Organization or Description of Contribution 2022 Amount 2021 Amount 100% limit TSJ Conservation Real Property 2022 Amount 2021 Amount 100% limit TSJ Description 2022 Miles 2021 Mile Number of miles traveled performing volunteer work for qualified charitable organizations 2022 Amount 2021 Amount 2021 Amount TSJ Description of Donated Property 2022 Amount 2021 Amount 2021 Amount 2021 Amount TSJ Description of Donated Property 2022 Amount 2021 Amount 2021 Amount 2021 Amount 2021 Amount 2021 Amount 2022 Amount 2021 Amount 2022 Amount 2023 Amount 2024 Amount 2024 Amount 2024 Amount 2026 Amount 2027 Amount 2028 Amount 2029 Amount 2029 Amount 2020 Amount 2021 Amount 2020 Amount 2021 Amount 2021 Amount 2021 Amount 2021 Amount 2022 Amount 2021 Amount 2021 Amount 2022 Amount 2023 Amount 2024 Amount 2024 Amount 2024 Amount 2026 Amount 2027 Amount 2028 Amount 2029 Amount 2020 Amount 2021 Amount 2021 Amount 2021 Amount 2021 Amount 2021 Amount 2022 Amount 2023 Amount 2024 Amount 2026 Amount 2027 Amount 2028 Amount 2029 Amount 2020 Amount 2021 Amount 2021 Amount 2021 Amount 2021 Amount 2021 Amount 2022 Amount 2023 Amount 2024 Amount 2024 Amount 2026 Amount 2027 Amount 2028 Amount 2029 Amount 2020 Amount 2021 Amount 2021 Amount 2021 Amount 2021 Amount 2022 Amount 2022 Amount 2023 Amount 2024 Amount 2024 Amount 2024 Amount 2025 Amount 2026 Amount 2027 Amount 2028 Amount 2029	TSJ				Other Method Desc	cription			1
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TSJ Conservation Real Property 2022 Amount 2021 Amount 100% limit 50% limit TSJ Description Description 2021 Miles 2021									
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ranceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a viornmunication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item don worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. TSJ Organization or Description of Contribution 2022 Amount 2021 Amount TSJ Conservation Real Property 2022 Amount 2021 Amount 100% limit		Number of miles to	raveled performin	g volunteer work for o	qualified charitable organizatior	ıs			
TSJ Organization or Description of Contribution 2022 Amount 2021 Amount 100% limit	TSJ	J		Description		202	2 Miles	202	1 Miles
TSJ Organization or Description of Contribution 2022 Amount 2021 Amount TSJ Conservation Real Property 2022 Amount 2021 Amount TSJ Conservation Real Property 2021 Amount 2021 Amount TSJ Conservation Real Property 2021 Amount District TSJ Conservation Real Property 2021 Amount District TSJ Conservation Real Property 2022 Amount 2021 Amount District TSJ Conservation Real Property 2022 Amount 2021 Amount District TSJ Conservation Real Property 2022 Amount 2021 Amount District TSJ Conservation Real Property 2022 Amount 2021 Amount 2									
canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a vector munication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of technical terms and household items donated must be in good, used condition or better in order to be deductible unless the item don worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.	TSJ		Cor	nservation Real Prop	perty	2022	Amount	2021	Amount
canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a vector munication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item done worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.									
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You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a	cance comment contribution worth	munication from the ribution. Clothes and more than \$500 an	copy of a cancele charity. The writte d household items nd you have the ite	ed check, or a bank st en communication m s donated must be in em's value appraised	atement containing the name or ust include the name of the cha good, used condition or better . Attach a copy of the appraisa	f the charity, the crity, date of the control in order to be de l. Include any veh	date, and the a contribution, ar eductible unless nicles donated	amount) ond amours the item to charity	or a vont of the domination of



Itemized Deductions - Miscellaneous

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

Aiscellaneous Itemized Deductions:			2022 Amount	2021 Amount	
Union and professional dues *					
Tax preparation fee *					
Professional subscriptions *					
Hobby expense (To extent of income) *				_	
Safe deposit box *				_	
Uniforms and protective clothing *				-	
Work tools *					
Estate tarres					
		,			
Other Itemized Deductions:					
Examples:					
 Certain legal and accounting fees * Investment expenses * 				se of a disabled person	
Custodial fees *	 Certain educational expenses * Amortizable bond premium 	эраупп	ent of amounts under a	Claim of right	
Custodial lees	Amortizable bond premium				
TSJ	Description		2022 Amount	2021 Amount	
				_	
				-	
				_	
				-	
Convolter on Theff I age.					
Casualty or Theft Loss:					
TSJ					
Property description					
Which of the following describes the type of pro	perty that sustained the casualty or theft loss?				
Personal use Business u	ise Income producing E	mnlove		al use attributable to	
l ersonal use	income producing	проуч	- IIISUIVE	nt or bankrupt financial ion losses on deposits	
Was the loss due to a federally declared disaste	r? Yes No		montat	or lococo on deposito	
Date acquired	(Mo/Da/Yr)				
Date damaged or lost					
Date damaged of look					
Original cost or other basis					
Fair market value before casualty					
Fair market value after casualty					
ган шагкет value after casualty					
Cost of replacement					
Insurance reimbursement					



Itemized Deductions - Business Use of Home

These expenses are not deductible on the Federal return

but may be de	eductible on some	state returns.		
artial Use of Your Home for Business:			2022	2021
Square footage of home used exclusively for busines Total square footage of home Total hours home was used for day care during the years.				_
Total flours florine was used for day care during the ye	c ai			Yes
Was your home used for day care purposes for the er Were improvements made to the home and/or home			e for business?	
penses: Enter all expenses at 100 per	cent			
Direct expenses benefit the business part of your hor				
Example: Cost of painting or repairs made to the	specific area or room us	ed for business.		
Indirect expenses are required for keeping up and rur	nning your entire home.			
Example: Real estate taxes.				
	Direct E	xpenses	Indirect I	Expenses
	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				-
Individuals				-
lan manan				-
Qualified mortgage insurance premiums				-
Repairs and maintenance				-
Utilities				1
Rent]
her Expenses:				
Description	Direct E	xpenses	Indirect I	Expenses
2000. \$1.000	2022 Amount	2021 Amount	2022 Amount	2021 Amount
				-

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





Employee Business Expenses (Page 1 of 2)

dolliess Expells	es: Enter all expens	ses at 100 percent	Include all docu	mentation	
Occupation code .					
	Performing artist Handicapped employee		ocal government official eserve	5 - Outside salesperson (Big Rapids, MI only)	
If not 100%, enter t	ne percentage to apply to Sc	hedule A			
				2022 Amount	2021 Amount
Local transportation Travel expenses	lls				
	uctible only on some state re- penses:	turns)			
Other Business Exp					
Other Business Exp	Des	scription		2022 Amount	2021 Amount
Other Business Exp	Des	scription		2022 Amount	2021 Amount
Reimbursements		ements NOT reporte	ed	2022 Amount 2022 Amount	2021 Amount 2021 Amount
Reimbursements Amount received for	: List only reimburs	ements NOT reporto		2022 Amount	





Employee Business Expenses (Page 2 of 2)

ehicle: Include all documentation		
If not 100%, please enter the percentage to apply to Schedule A	%	
Description of vehicle		
Date vehicle was placed in service (Mo/Da/		
Do you (or your spouse) have another vehicle available for personal purposes?		
Was your vehicle available for personal use during off-duty hours?	Yes No	
	2022	2021
Total miles		
Total business miles		
Business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle	1	
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		
Description	2022 Amount	2021 Amount





Employee Business Expenses- Business Use of Home

artial Use of Your Home for Business:			2022	2021
Square footage of home used exclusively for business	3			
Total square footage of home				
Total hours home was used for day care during the year	ear			
Was your home used for day care purposes for the en Were improvements made to the home and/or home of				Yes
penses: Enter all expenses at 100 per	cent			
Direct expenses benefit the business part of your hom Example: Cost of painting or repairs made to the s		ed for business		
Indirect expenses are required for keeping up and run Example: Real estate taxes.				
	Direct E	xpenses	Indirect E	Expenses
	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				
ther Expenses:				
Description	Direct E	xpenses	Indirect E	Expenses
Description	2022 Amount	2021 Amount	2022 Amount	2021 Amount

Identification

Number of Individual

Name of Individual to Whom

Mortgage Interest Was Paid

Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

Were you or your spouse a full time student or di	sabled?				Yes	
Did you pay an individual for services performed	in your home?				Yes	
Employer-provided dependent care benefits that 2021 carryover used in grace period	were forfeited in 2	2022				
ild/Dependent Care Providers:						
Provider 1:						
Name	· · · · · · · -					
Street address						
City, state, ZIP or postal code, and country	· · · · · · · -					
	· · · · · · · -					
	· · · · · · · -					
Telephone number (California only)	· · · · · · · -			_		
		2022 Amount	202	21 Amount		
Expenses incurred and paid in 2022	[
Expenses incurred and not paid in 2022						
Provider 2:						
0						
City, state, ZIP or postal code, and country						
T (0.114 1.1)	· · · · · · · -					
relephone number (Galifornia Orliy)	· · · · · · · · _					
		2022 Amount	202	21 Amount		
Expenses incurred and paid in 2022						
Functional in a summed and making in 0000			1			
			-			
alifying Persons for Child/Dependent	t Care Expens	ses:				
First Name and Initial	Last Name	Social Se Numb		2022 Expenses Incurre	_	2021 es Incui
				1		

Last Name

Include copies of all Forms 1098-T

First Name and Initial

2022 Qualified Expenses

Social Security Number



General Information:						
TSJ						
Employer identification nur	mber					
						Yes No
Did you pay any one house	ehold employee cash wages of \$2,40	00 or more in 2022?				
Did you withhold any feder	ral income tax from wages paid to ar	ny household employee? .				
Did you pay total cash wag	ges of \$1,000 or more in any calenda	ar quarter of 2021 or 2022?				
Social Security, Medic	are and Income Taxes:			2022 Amount	t	2021 Amount
Cash wages subject to so	cial security taxes					
Cash wages subject to Me	dicare taxes (if different than cash w	ages subject to social secu	rity)			
Cash wages subject to add	ditional Medicare tax withholding					
Federal income tax withhe	ld					
State disability plan payme	ents subject to social security taxes					
State disability plan payments subject to so	ents subject to Medicare taxes (if differential security)	ferent than plan				
Federal Unemploymen	t (FUTA) Tax:					Yes No
Did you pay unemploymen	t contributions to more than one sta	ate?				
Were all of the wages subj	ect to FUTA tax subject to the state	's unemployment tax?				
			State	Total Cash Wag Subject to FUT		2021 Amount
Complete the following for	all state unemployment contribution	ns made: X if payment to be m	nade after	April 18, 2023 —	J	
	Name of State	Total Taxable Wage		ntribution Paid to employment Fund	x	2021 Amount





Federal Tax Payments

Refund Application:				
If you have an overpayment of 2022 taxes, do you want the excess:				
Refunded Yes No Applied to your 2023 estimated tax liability Yes No				
Federal Estimated Tax Payments:	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Pa	aid
2022 1st Quarter Estimate (Due 04-18-2022)				
2022 2nd Quarter Estimate (Due 06-15-2022)				
2022 3rd Quarter Estimate (Due 09-15-2022)				
2022 4th Quarter Estimate (Due 01-17-2023)				
2021 overpayment applied to 2022 estimate Tax Planning Information for Tax Year 2023:				
-				
Do you expect any of the following to occur in 2023?			Yes	No
A change in your marital status				i
A change in the number of your dependents				
A substantial change in your income				
A substantial change in your withholding				
A substantial change in deductions				
If you answered Yes to any of the above questions, provide details.				



State and City Tax Payments

State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate 2022 2nd Quarter Estimate 2022 3rd Quarter Estimate 2022 4th Quarter Estimate If you have an overpayment of 2022 taxes, do you			
			Yes No
2021 overpayment applied to 2022 estimate Balance of prior year(s)' tax paid in 2022 plus amount paid with 2021 extensions Estimated tax payments for 2021 paid in 2022			
State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate 2022 2nd Quarter Estimate 2022 3rd Quarter Estimate 2022 4th Quarter Estimate			
If you have an overpayment of 2022 taxes, do you			Yes No
2021 overpayment applied to 2022 estimate Balance of prior year(s)' tax paid in 2022 plus amount paid with 2021 extensions			
Estimated tax payments for 2021 paid in 2022		L	
State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate 2022 2nd Quarter Estimate 2022 3rd Quarter Estimate 2022 4th Quarter Estimate			
If you have an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax liability?		 -	Yes No
2021 overpayment applied to 2022 estimate Balance of prior year(s)' tax paid in 2022 plus amount paid with 2021 extensions		Г	
Estimated tax payments for 2021 paid in 2022			



Include all of your current year Forms W-2G

то .	No. of Power	Gross Winnings	Tax Withhele		ithheld
TS	Name of Payer		Federal	State	
_					



Foreign Employment Information (Page 1 of 3)

General Information:				
TS Foreign address				
Name of ampleyor				
Name of employer Employer's U.S. address				
Employer 3 0.0. address				
Employer's foreign address				
Employer type: Foreign entity, U.S. compan	у,			
Foreign affiliate of a U.S. company, Self				
Enter the last year that Form 2555 was filed	to			
Type of exclusions revoked in prior years				
Year exclusion revoked				
If a separate foreign residence was maintain				
family due to adverse living conditions, p				
the city, country, and number of days multist tax home(s) during tax year and dates e				
Country of Chizerry of Hationality				
Qualified housing expenses for the tax year				
Adjustment to employer provided amounts				
	·			
Tax Home History:				
	Principal City	and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home				
First previous tax home				
Second previous tax home				
Third previous tax home				





Foreign Employment Information (Page 2 of 3)

Bona Fide Residenc	e Test Information:						
Beginning date for foreign residence (Mo/Da/Yr) Ending date for foreign residence (Mo/Da/Yr) Kind of foreign living quarters: Purchased house, Rented house or apartment, Rented room, Quarters furnished by employer If any family members lived abroad with you during any part of the tax year, enter their names. Include the dates when the family members lived with you							
Relationship	First Name		Last Name	Date Arrived	Date Left	X if Entire Perioc	
length of employme What type of visa was t Explain any limitations of employment in a for If a home was maintain address, whether re	erms or other conditions relations abroad	ntry?					
-	ss						
State	· · · · · · · · · · · · · · · · · · ·						
			Occupants				
	First Name	MI	Last Name	Relation	ship	†	





Foreign Employment Information (Page 3 of 3)

Travel Abroad for 12 Month Period:

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business



Foreign Housing Expenses Worksheet



Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge)			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet)			
Utilities (but not telephone charges)			
Real and personal property insurance			
"Key money" or other similar nonrefundable deposits paid to secure a lease			
Repairs and maintenance			
Furniture rental			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page)			
Other Expenses:			
Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Total expenses			
Indicate if meals and/or lodging were provided by or on behalf of your emp (If you resided in a camp, you are considered to be on the business pre		nises:	Yes No
To you			
To your family members			



Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.			Days Worked In and Outsid					ie U.S.	
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)		Days in Month		Days Not Worked*		Days Worked**	
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country	Month		U.S.	Foreign	U.S.	Foreign
				January	31				
				February	28				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
				Total	365				

^{*} Weekends, holidays, vacation, sick, etc.

During 2022, in which state(s)/city(ies) did you work? List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked		
Total (must agree with U.S. days worked shown above)					
Days in U.S. for any reason in		2021	2020		

^{**} Include weekends and holidays if you worked on these days.



Foreign Wages and Other Income (Page 1 of 2)

Foreign Q	uestions for 2022:					
	4001101101011011				Yes	No
If you will	be outside the U.S., do you want an	automatic extension if you qualify?				
	ax due be paid with the extension?					
•	•	terminate your foreign employment in 2022?				
-						
	provide all information pertaining to					
Foreign So	ource Wages and Salaries:	Include all copies of your current year W-2 or other wage statements	Forms			
TS	Employer name					
	Employer address					
	Employer city					
	Employer state					
	Employer ZIP					
	Employer foreign country	· · · · · · · · · · · · · · · · · · ·				
			2022 Amount	2021	Amoun	
_			ZOZZ AMOGIIC			
Base wag				_		
				-		
FICA with				-		
		nent				
		nt				
Allowance	es and Reimbursements:		2022 Amount	2021	Amoun	ıt
Cost of liv	ring and overseas differential					
				7		
	•			7		
Education				7		
Home leav	ve			7		
Quarters				7		
Bonus						
Stock opt	ion - current year					
Survivor's	insurance					
Automobi	le					
Hardship	premium					
Home gro	and a state of					
Tax adjust	tment - current year					
Gross up						
Mobility p	remium					
Relocation	n allocation					
Wire trans	sfer allowance					
Home hou	using allowance					
Home gro	ss entitlement					
Home net	entitlement					
	ay awards					
Miscellane						
· ·						
401(k) red				7		





Foreign Wages and Other Income (Page 2 of 2)

Allowances and	l Reimbursements	(Continued)):
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Other Allowances	and	Reimbursements	3:
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Description	2022 Amount	2021 Amount

State and Local Information:

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name

Other Income and Noncash Income:

TSJ	Nature and Source	2022 Amount	2021 Amount

Other Adjustments:

TSJ	Nature and Source	2022 Amount	2021 Amount

Miscellaneous Income:	TSJ _			TSJ		
	2022 Amount	2021 Amount		2022 Amount	2021 Amount	
Unemployment compensation received						
Unemployment compensation repaid in 2022						
Social security benefits received						
Social security benefits repaid in 2022			L			

Enter Any Additional Information:



You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2022 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must provide the originals of Form W-2

	Taxpayer	Spouse
Employer:		
Gross base salary		
Tax deferred savings (401K)		
Bonus - 2022		
Bonus - other years Indicate year(s)		
Cost of living allowance		
Education		
Dependent travel		
Housing		
Group life insurance		
Tax equalization		
Foreign taxes reimbursed - 2022		
- 2021 and prior years		
Moving		
Other Allowances - Description	Taxpayer	Spouse
Non-cash Remuneration:	Taxpayer	Spouse
Home (lodging)		
Meals		
Car		

For additional employers, provide details on a continuation sheet.



тѕ	Cou	ntry Name	Income Type (Dividends, Rents, Etc.)	Is Tax	Date Paid or Accrued	Tax Amount (In Foreign	Tax Amo
			Rents, Etc.)	Accrued?	or Accrued (Mo/Da/Yr)	(In Foreign Currency)	(In U.S. Do
r Year	r Foreign Taxe	s Paid in the C	urrent Year:				
	r Foreign Taxe Date Paid (Mo/Da/Yr)	s Paid in the C Amount	urrent Year:				
r Year	Date Paid		urrent Year:				
	Date Paid		urrent Year:				
	Date Paid		urrent Year:				
	Date Paid		urrent Year:				
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)						
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)	Amount					



Calendar

22																											
													20	21													
		J	ANUAR	ΙΥ					FE	BRUAF	RY						MARCH	1						APRIL	-		
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9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
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23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31	29	30	31				
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15 22	16 23	24	18 25	19 26	20 27	21 28	12	13	14	15	16	17	18	10	11 18	12 19	13 20	14 21	15 22	16 23	14 21	15 22	23	24	18 25	19 26	20 27
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15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
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NOVEMBER

 DECEMBER

S М

SEPTEMBER

> S

 OCTOBER

200431 04-01-22



NOTE: Only complete Forms 34 and/or 35 if in 2022:

- You made gifts of cash or marketable securities to an individual that exceeded \$16,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	Taxpayer		Spouse	Joint	
Name of person receiving the gift					
Address of person					
Your relationship to the person (e.g., son, granddaughter or friend)					
Age of the person					
Date(s) of gift(s)		_			
Cost basis of assets gifted if other than cash Value of assets gifted if other than cash					
ft 2: Person giving the gift	Taxpayer		Spouse	Joint	
Name of person receiving the gift					
Address of person					
Your relationship to the person (e.g., son, granddaughter or friend)					
Age of the person					
D + () () (()					
Date(s) of gift(s) (Mo/Da/Yr)					
Description and amount of assets gifted (e.g., \$16,000 in cash or 500 shares of ABC stock)					



Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift
Name of the trustee
Address of the trustee
Trust identification number
Name of the beneficiary of the trust
Value relationship to the honofician
Your relationship to the beneficiary (e.g., son, granddaughter or friend)
(0.31, 00.11, g.a
Age of the beneficiary
Deta(a) of citt(a) (Ma/Da/Va)
Date(s) of gift(s) (Mo/Da/Yr)
Description and amount of assets gifted
(e.g., \$16,000 in cash or 500 shares of ABC stock)
Cost basis of assets gifted if other than cash
Cost basis of assets gifted if other trial cash
Value of assets gifted if other than cash
For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.
document.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



Detail Depreciation

DP

Business or Activity:	
-----------------------	--

Asset #	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	Sold, the F	e Asset Was ld, Indicate e Following	
#			(Mo/Da/Yr)	Date (Mo/Da/Yr)	Sales Price	



Additional Information



2022 Tax Return Checklist

Client Name:		
Income:	Prior Year	Current Year
Wages (IRS W-2)		
• • • • • • • • • • • • • • • • • • • •		
Interest Income (IRS 1099-INT) Dividend Income (IRS 1099-DIV)		
, , , , , , , , , , , , , , , , , , , ,		
Brokerage Statements (Form 1099-A,B,S) IRA/Pension/Annuity Income (IRS 1099R)		
IRA/Pension/Annuity Income (IRS 1099R) Schedule K-1s (IRS K-1)		
Miscellaneous Income and Adjustments (IRS-1099-MISC, NEC, G)		
Rent and Royalty Income		
Itemized Deductions:		
Medical/Dental Expenses		
Real Estate Taxes		
Property Taxes		
Mortgage Interest (Form 1098)		
Charitable Contributions		
Other:		
Estimated Tax Payments		

^{*} Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



Wages

TS	Employer Name	Prior Year Amount	Information Included (X or 🖊)



Interest Income

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or 🖊)



Dividend Income

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or 🖊)



Brokerage Statements

TSJ	Payer Name	Account No.	Information Included (X or 🖊)
		_	



IRA/Pension/Annuity Income

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or ✓)



Rent and Royalty Income

TSJ	Property	Prior Year Amount	Information Included (X or 🖊)



Schedule K-1 Information

	TSJ	Entity Name	Employer Identification No.	Information Included (X or 🖊)



Miscellaneous Income and Adjustments

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or 🖊)



Itemized Deductions

TSJ	Description	Prior Year Amount	Information Included () or 🖊)
edical/l	Dental Expenses:		
al Feta	nte Taxes:		
	no tanoo		
operty	Taxes:		T
ortgage	e Interest:		T
naritabl	e Contributions:		
		1	1



Federal, State, and City Tax Payments

Refund Application:

If you have an overpayment	of taxes, do you want the exc	cess:			
Refunded		es No			
Federal Estimated Tax	-		Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate		(Due 04-18-2022)			
2022 2nd Quarter Estimate		(Due 06-15-2022)			
2022 3rd Quarter Estimate		(Due 09-15-2022)			
2022 4th Quarter Estimate		(Due 01-17-2023)			
State and City Estimated	d Tax Payments:		TSJ State/City Name		
			Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate					
2022 2nd Quarter Estimate					
2022 3rd Quarter Estimate					
2022 4th Quarter Estimate					
			TSJ State/City Name		
			Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate					
2022 2nd Quarter Estimate					
2022 3rd Quarter Estimate					
2022 4th Quarter Estimate					
			TSJ State/City Name		
			Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate					
2022 2nd Quarter Estimate					
2022 3rd Quarter Estimate					
2022 4th Quarter Estimate					
			TSJ State/City Name		
			Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate				,	
2022 2nd Quarter Estimate					
2022 3rd Quarter Estimate					
2022 4th Quarter Estimate					



Alabama Information (Page 1 of 2)

General Information:

Taxpayer:		Spouse:	
Name	Name		
Address			
City			
State			
ZIP Code			
Foreign Province/State/County	Foreign P	rovince/State/County	
Foreign Country		ountry	
Foreign Postal Code	Foreign P	ostal Code	
sidency Information:			From To/Da/Yr) (Mo/I
If you did not live in Alabama for all of 2022, enter the dates you	ı did live in Alahama		
Enter the state names other than Alabama for which you had inc			
ucation Savings:			
Did you or your spouse make any contributions to an Alabama Pr	repaid Affordable College	e Tuition	Yes No
Program or Alabama College Education Savings Program acc			
			• • • • • • • • • • • • • • • • • • • •
S Name of Designated Beneficiary	Social Security	Account Number	2022 Amo
S Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amor Contribute
S Name of Designated Beneficiary		Account Number	
S Name of Designated Beneficiary		Account Number	
S Name of Designated Beneficiary		Account Number	
		Account Number	
Name of Designated Beneficiary onsumer Use Tax:		Account Number	
onsumer Use Tax:	Number		
ensumer Use Tax: Enter the amount of Internet or out of state purchases for which	Number you did not pay sales ta	x:	Contribut
ensumer Use Tax: Enter the amount of Internet or out of state purchases for which General use	Number you did not pay sales ta	K:	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles	Number you did not pay sales ta	k:	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles	Number you did not pay sales ta	K:	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles	Number you did not pay sales ta	k:	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Juntary Contributions:	Number you did not pay sales ta	k:	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment	Number you did not pay sales ta	k:	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Juntary Contributions:	Number you did not pay sales ta	K:	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Senior Services Trust Fund	Number you did not pay sales ta	state Veterans Cemetery at	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Luntary Contributions: Enter the amount you wish to contribute on your 2022 tax return Senior Services Trust Fund Alabama Arts Development Fund	Number you did not pay sales ta	State Veterans Cemetery at the Fort Foundation, Inc	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Luntary Contributions: Enter the amount you wish to contribute on your 2022 tax return Senior Services Trust Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund	Number you did not pay sales ta	State Veterans Cemetery at th Fort Foundation, Inc	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Juntary Contributions: Enter the amount you wish to contribute on your 2022 tax return Senior Services Trust Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund Child Abuse Trust Fund	Number you did not pay sales ta hto: Alabama Spanis Foster Ca Mental He Alabama	State Veterans Cemetery at the Fort Foundation, Inc	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Senior Services Trust Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund Child Abuse Trust Fund Alabama Veteran's Program	Number Nyou did not pay sales ta Alabama Spanis Foster Ca Mental He Alabama Victims of	State Veterans Cemetery at the Fort Foundation, Inc	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Iuntary Contributions: Enter the amount you wish to contribute on your 2022 tax return Senior Services Trust Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund Child Abuse Trust Fund Alabama Veteran's Program Alabama State Historic Preservation Fund	Number I you did not pay sales ta In to: Alabama: Spanis Foster Ca Mental He Alabama: Victims of Alabama	State Veterans Cemetery at the Fort Foundation, Inc	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Iuntary Contributions: Enter the amount you wish to contribute on your 2022 tax return Senior Services Trust Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund Child Abuse Trust Fund Alabama Veteran's Program Alabama State Historic Preservation Fund Alabama Firefighters Annuity and Benefit	Number I you did not pay sales ta I to: Alabama Spanis Foster Ca Mental He Alabama Victims of Alabama Alabama Alabama	State Veterans Cemetery at the Fort Foundation, Inc	Contribut
Enter the amount of Internet or out of state purchases for which General use Automotive vehicles Farm machinery and equipment Iuntary Contributions: Enter the amount you wish to contribute on your 2022 tax return Senior Services Trust Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund Child Abuse Trust Fund Alabama Veteran's Program Alabama State Historic Preservation Fund	Number Nyou did not pay sales ta Alabama Spanis Foster Ca Mental He Alabama Victims of Alabama Alabama Spay-f	State Veterans Cemetery at the Fort Foundation, Inc	Contribut









Residenc	ey Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)		
If you did	d not live in Arizona for all of 2022, enter the dates yo	u did live in Arizona			_
Enter the	e state names other than Arizona where you had inco	me			
Education	ı Savings:			Yes No	
	r your spouse make any contributions to a qualified s enter the following:	state tuition (Section 529) plan	1?		
TS	Name of Designated Beneficiary	Social Security Number	Account Numb	er	2022 Amount Contributed
Voluntary	Contributions:				
Enter the	e amount you wish to contribute on your 2022 tax ret	urn to:			
Wildli Child Dome Neigh Spec Veter I Didr Solut Spay	estic Violence Shelter Fund hbors Helping Neighbors Fund ial Olympics Fund an's Donation Fund i't Pay Enough Fund ions Teams Assigned to Schools /Neuter of Animals Fund cal Gift - Democratic Libertarian				
Enter An	y Additional Arizona Information:				





Gen	eral Information:				
Νι	umber of developmentally disabled individuals	· · · · · · · · · · · · · · · · · · ·			
Na	ames of developmentally disabled individuals	· · · · · · · · · · · · · · · · · · ·			
Ту	pe of disability				
		Ta	kpayer	Spouse	
Do	you qualify as being deaf for personal credit purposes?	Yes	No	Yes No	
Ea	rly Childhood Program certification number	<u> </u>			
Resi	dency Information:			From (Mo/Da	
	you did not live in Arkansas for all of 2022, enter the dates you did liter the state names other than Arkansas where you had income	ive in Arkansas			
-duc	ation Savings:				
Did	you or your spouse make any contributions to an Arkansas Tax De account?				lo
	If Yes, enter the following:				
TS	Name of Designated Beneficiary	Social Security Number	Acc	ount Number	2022 Amount Contributed
	ck-Off Contribution: oter the amount you wish to contribute on your 2022 tax return to:				
	Arkansas Disaster Relief Fund				
	Arkansas Game and Fish Foundation				
	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Program Trust				
	Organ Donor Awareness Education Program				
	Military Family Relief Program				
	Arkansas Area Agencies on Aging				
	Newborn Umbilical Cord Initiative				
	Arkansas Brighter Future Fund Plan Account				
Ente	r Any Additional Arkansas Information:				



California Information (Page 1 of 2)

General Information:	
Enter the amount of Internet or out of state purchases for which yo	ou did not pay sales tax
Did you, your spouse, and all household members have full-year he Attach all Forms FTB 3895 and/or IRS 1095 received and any a	
Principal/Physical Residence at Time of Filing:	California Residents Only
County at time of filing	
Street address Apt No. City, State, ZIP	· · · · · · · · · · · · · · · · · · ·
Residency Information:	
Complete this section only if you were a resident of any other	r state during any portion of the year Taxpayer Spouse
State or country of domicile If you were a military nonresident, enter state stationed in abbrevia	tion
If you became a resident of California in 2022, enter - State of prior - Date of move	r residence abbreviation
If you became a nonresident of California in 2022, enter - New stat	
If you were a California nonresident the entire year, enter your state	
How many days during 2022 were spent in California?	Yes No Yes No
Did you own homes and/or properties in California during 2022?	
If you were a prior resident of California, enter the date you moved	back to California (Mo/Da/Yr)
If you were a prior resident of California, enter the date you left Cali	ifornia (Mo/Da/Yr)
Voluntary Contributions: Enter the amount you wish to contributions.	bute on your 2022 tax return to the following funds:
California Seniors Special Fund	Protect Our Coast and Oceans Voluntary Tax Contribution Fund
Alzheimer's Disease and Related Dementia Voluntary Tax	Keep Arts in School Voluntary Tax Contribution Fund
Contribution Fund	Prevention of Animal Homelessness and Cruelty Voluntary
Rare and Endangered Species Preservation Voluntary Tax	Tax Contribution Fund
Contribution Program	California Senior Citizen Advocacy Voluntary Tax
California Breast Cancer Research Voluntary Tax Contribution Fund	Contribution Fund
California Firefighters' Memorial Voluntary Tax Contribution Fund	Native California Wildlife Rehabilitation Voluntary Tax
Emergency Food for Families Voluntary Tax Contribution Fund	Contribution Fund
California Peace Officer Memorial Foundation Voluntary	Rape Kit Backlog Voluntary Tax Contribution Fund
Tax Contribution Fund	Suicide Prevention Voluntary Tax Contribution Fund
California Sea Otter Voluntary Tax Contribution Fund	Mental Health Crisis Prevention Voluntary Tax Contribution Fund
California Cancer Research Voluntary Tax Contribution Fund	California Community and Neighborhood Tree Voluntary
School Supplies for Homeless Children Voluntary Tax Contribution Fund	Tax Contribution Fund



California Information (Page 2 of 2)

Renter's Credit:

l :-4 4l / \	\ _£=: al = = _(=\	in California and the	data a
List the addressles) of residence(s)	in Galilomia and the	dates you rented during 2022:

				Dates Ren	
Street Address	Street Address City, State, and ZIP code			From (Mo/Da/Yr)	To (Mo/Da/Y
List the name, address and telepho	ne number of the person(s	s) you paid rent to:			
Name	Street Addres	ss City, State	and ZIP Code	Telepho	one Number
Are you a dependent or minor living	with or under the care of	another?			Yes
Was the property you rented in 202	2 exempt from property ta	ax?			
Did you claim the homeowner's pro	perty tax exemption anyti	me during 2022?			
olid your spouse claim the homeow	ner's property tax exempt	ion anytime during 2022?			
you and your spouse file separate	returns and lived in the S	arrie reritai property, do you wisir i	.O Ciaiiii 100% Oi tiiis	s credit?	
er Any Additional Californi	ia Information:				



Colorado Information (Page 1 of 2)

General Inf	formation:					
Enter the	amount of Internet or out of state purchases for v	vhich you did not pay state sales	or use tax			
If you live	in a special use tax district, enter the name of the	e district				
Enter t	he amount of Internet or out of state purchases f	or which you did not pay special	district sales or use	e tax		
		Тахр	payer	Spe	ouse	
Residency	Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)	
If you did	not live in Colorado for all of 2022, enter the date	es you				
did live	e in Colorado					
Enter the	state names other than Colorado where you had	income				
Education	Savings:			Yes No		
Did you o	your spouse make any contributions to a Colora	do 520 Collogo Savings Plan ac	count?			
	enter the following:	do 529 College Savirigs Flair act	countr			
TS	Account Holder Name	Account Holder Social Security Number	Account Nu		2022 Amount Contributed	
F1 T1	Home Buyer Savings Account Deduc	tion:				
First-Time						
	peneficiary					
Name of b	peneficiary					
Name of b	eneficiary	· · · · · · · · · · · · · · · · · · ·				
Name of b SSN of be Name of b						
Name of b SSN of be Name of b Account r	eneficiary					



Colorado Information (Page 2 of 2)

Voluntary Contributions:

Enter the amount vo	ou wish to	contribute on	vour 2022 :	tax return to:

	to:
Nongame Conservation and Wildlife	Urban Peak Housing and Support Services
Restoration Cash Fund	for Youth Experiencing Homelessness Fund
Colorado Domestic Abuse Program Fund	Colorado Healthy Rivers Fund
Homeless Prevention Activities Program Fund	Alzheimer's Association Fund
American Red Cross Colorado Disaster Response,	Colorado Cancer Fund
Readiness, and Preparedness Fund	Make-A-Wish Foundation of Colorado
Western Slope Military Veterans'	Fund
Cemetery Fund	Unwanted Horse Fund
Pet Overpopulation Fund	
Habitat for Humanity of Colorado Fund	
Military Family Relief Fund	
Special Olympics of Colorado Fund	
Colorado Nonprofit Fund*	* Include name of organization and registration number



Connecticut Information (Page 1 of 2)

General Information:

Enter th	ne amount of Internet or out of state purchases for which you o	did not pav sales tax:			
	nbine individual purchases less than \$300 each per category a				
Luxury		· ·			
Compu	ter and data processing services				
Vessels	s, motors for vessels, or trailers to transport vessels				
	purchases				
•	any amounts entered, include the date of purchase, descriptio				
Residen	cy Information:		xpayer		Spouse
	•	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you d	lid not live in Connecticut for all of 2022:	,		,	
•	er the dates you did live in Connecticut				
	the prior/new state of residence			-	
	ne state names other than Connecticut where you had income			-	
Litter ti	te state names other than connecticut where you had moone				
•	- Continue				
:ducatio	n Savings:			Yes	No
Did vou	or your spouse make any contributions to a Connecticut Highe	er Education Trust (Cl	HET) account?		
	s, enter the following:	(·
		Social Security			2022 Amount
TS	Name of Designated Beneficiary	Number	CHET Account N	lumber	Contributed
-	•	•			
If your of in	dent and Part-Year Resident Employee Apportion employment required you to perform services both inside and oncome you earned in Connecticut and you were an employee where the context of	outside Connecticut a vho was compensate	and you do not know ed, complete the infor	mation below:	nt
				· · · · · · —	-
	ales/miles outside Connecticut			· · · · · ·	
•	ales/miles inside Connecticut				
Nonwo	rking days (only to be used with working days basis for apporti	onment)			
Total in	come being apportioned				
\/alumatau	n. Cantributiana				
voiuntai	ry Contributions:				
Enter th	ne amount you wish to contribute on your 2022 tax return to:				
ΔΙΟ	S Research Education Fund				
•	10 : MELLIS E I				
	tary Family Relief Fund				
	necticut Higher Education Trust (CHET) Baby Scholar Fund				
ivier	ntal Health Community Investment Account				



Connecticut Information (Page 2 of 2)

Credit for Property Taxes Paid:

Name of Connecticut

Tax Town or District

If you are a Connecticut resident and have property taxes that first became due and were paid in 2022 on your primary residence and/or privately owned or leased motor vehicle, fill out the information below:

	_	
Select	Property	/ Code

- 1 Primary Residence
- 2 Auto 1

Date Paid

(Mo/Da/Yr)

3 - Auto 2 - Married Filing Jointly only

Amount Paid

ly	
	▼
\neg	

Prop.

Code

				<u> </u>
Enter Any Addi	itional Connecticut II	nformation:		
				-
				-

Description of Property

If primary residence, enter street address
If motor vehicle, enter year, make and model





General Information:		Spouse				
Business telephone number (including area code)						
Do you qualify as permanently disabled?	No	Yes No				
Taxpa Residency Information:	yer	Spouse				
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From To (Mo/Da/Yr)				
If you did not live in Delaware for all of 2022, enter the dates you did live in Delaware						
Enter the state names other than Delaware where you had income						
Voluntary Contributions:	T	0,,,,,,				
Enter the amount you wish to contribute on your 2022 tax return to:	Taxpayer	Spouse				
Delaware's Nongame Wildlife, Endangered Species, and Natural Areas Preservation						
Fund						
Emergency Housing Assistance Fund						
Delaware Breast Cancer Coalition						
Organ Donation Awareness Trust Fund						
Diabetes Education Fund						
Delaware Veteran's Home Fund						
Delaware National Guard and Reserve Emergency Assistance Fund						
Juvenile Diabetes Research Foundation						
Multiple Sclerosis Society						
Ovarian Cancer Fund						
21st Fund for Children						
White Clay Creek Wild and Scenic River Preservation Fund						
V						
Protecting DE's Children Fund						
Food Bank of Delaware						
Delaware Habitat for Humanity						
B+ Childhood Cancer Foundation						
Beau Biden Fund						
Combined Campaign for Justice						
Enter Any Additional Delaware Information:						
Litter Any Additional Delaware Information.						



District of Columbia Information (Page 1 of 5)

Residency Information:				om Da/Yr)	To (Mo/Da/Yr)
If you did not live in the District of Columbia for all of 2022, enter in the District of Columbia	•				(43322337)
Enter the state names other than the District of Columbia where	e you had income				
Education Savings:			Yes	No	
Did you or your spouse make any contributions to a qualified DC If Yes, enter the following:	C "529" College Savings	Plan account?			
TS Name of Designated Beneficiary	Social Security Number	Acc	ount Number		022 Amount Contributed
Property Tax Credit Information:		•			
TS					
Enter the amount of rent paid					
What type of property is the property tax credit for?	. House	Apartment	Rooming ho	use	Condominium
Landlord's information: Name Address Apartment number City, state and ZIP code Telephone number	·				
Business Credits					
Organ and Bone Marrow Donor Credit					
Job Growth Incentive Act Credit					
Amount of homeownership assistance provided to eligible empl	loyees				
Number of eligible employees					
Voluntary Contributions:					
Enter the amount you wish to contribute on your 2022 tax retur	n to:				
Tax-Payer Support for Afterschool Programs for At-Risk Stud	dents				
DC Statehood Delegation Fund					
Anacostia River Cleanup and Protection Fund					



District of Columbia Information (Page 2 of 5)

Disability Income Exclusion	Information:										•	Y es	No
Were you physically or mentally in	mpaired on January 1, 2022?												
Is your disability expected to last	12 months or more?										.		
Did you file a physician's certificate	tion in prior years?												
	_												
	1	rs							TS				
Date retired (Mo/Da/Yr)													
Name of employer									_				
Name of payer						_ -							
Physician's name						_ -							-
Physician's address						_ -							-
Physician's apartment number						_ -							-
Physician's city, state and ZIP co						_ -							-
Physician's telephone number						_ _					_		
Ion-Custodial Parent EITC	Claim Information:												
Dependent name						_ _							
Dependent SSN													
Location of court						_ _							
Case or Docket number						_ _							
Name of government agency .						_ _							
Street address of government age	ency					_ _							
City, state and ZIP code						_							
Monthly court ordered payments						_ _							
Start date of ordered payments (M	Mo/Da/Yr)								_				
Custodian first name and initial								7					
Custodian last name					=								
Custodian social security number													
								_					
City, state and ZIP code								_					
Custodian date of birth (Mo/Da/Ye	ear)												
lealth Insurance Informatio	un.							_			_		
					_						⊢	Y es	No
Did you and all household member													
If No, did you or any household											L		
If Yes, enter the applicable e	·						-						
If No, indicate which months yo	ou and/or your household memi	oers did	not na	ve nea	ith insi	urance	covera	ge and	ala no	t nave	an exe	mptior	۱.
	Household Member Names	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<u> </u>		l											l
						_							
_		_				_							
					1						1		
Inter Any Additional Distric	t of Columbia Information	n:											



District of Columbia Information (Page 3 of 5)

Foreign Filing Entity Information:	
File number Company name Registered agent Registered agent office address City, state and ZIP code Address of principal executive office City, state and ZIP code	
Company's Manager and Members:	
Name	Address
Is this corporation in good standing in state/country Name of governor or authorized person	
Enter Any Additional District of Columbia	Foreign Filing Entity Information:



District of Columbia Information (Page 4 of 5)

Unincorporated Business Franchise Tax Information:

General Information:			
TSJ			
Number of business locations:			
Within DC			
Outside DC			
DC business tax number			
Sales and use tax account number			
Federal employer I.D. number			
Fiscal year begin date			
Fiscal year end date			
Business name			
Business street address			
Business city, state, and ZIP code			
Supplemental Information:			
Principal business activity			
Type of ownership			
Date business began (Mo/Da/Yr)			
Was the business terminated during 2022?		Yes	No
If Yes, enter the termination date and reason below.			
Termination date (Mo/Da/Yr)			
Termination reason			
IRS Service Center where the 2022 federal income tax return was filed			
Taxpayer name shown on the 2022 federal income tax return filed			
raxpayor hamo shown on the 2022 load at most the tax rotal miled			
Have you filed annual Federal Information Return Forms 1096 and 1099?		Yes	No
If No, enter the reason for not filing Forms 1096 and 1099		100	110
in the, officer the reason for hot mining round root and root			
Which method is used on the federal income tax return? Accrual Cash	Other (specify)		
Villati metriod to doca off the foderal moonie tax fotaliti. Floorida	Territor (openity)		
Did you withhold DC income tax from your employees' wages during 2022?		Yes	No
		100	110
If No, enter the reason for not withholding DC income tax			
Did you file a DC franchise tax return for the business for 2021?		Yes	No
If No, enter the reason for not filing a DC franchise tax return		163	NO
in No, enter the reason for not ming a DC tranchise tax return			
Did you file an annual hallnark fee return?		Yes	No
Did you file an annual ballpark fee return? Has the IRS made or proposed any adjustments to your 2022 income tax return		169	INU
and and for dearly in a sure to water and		Yes	No
amended federal income tax returns?		169	INU



District of Columbia Information (Page 5 of 5)

Small Retailer Property Tax Relief Credit:

Certificate of occupancy permit number	
Enter the amount of rent paid for qualified retail location	
Enter the amount of fort paid for qualified rotal resources.	
Enter the total amount of Class 2 property taxes paid for qualified retail location	
District of Columbia Class 2 Property Information:	
Address	
City, state, and ZIP code	
Owner's information:	
Name	
Address	
City, state, and ZIP code	
Telephone number	
Follow Ann Address of Branch of Oak order UBT Life country	
Enter Any Additional District of Columbia UBT Information:	





Gene	eral Ir	nformatio	on:								
Со	unty .						 				
Othe	r Bus	siness Inf	formati	ion:							
lf b	usines	ss sold, ente	er date .				 				
Trad	e Lev	el (checl	k all th	at app	ly):						
		Retail			Wholesale		Manufacturi	ng	Profession	al	
		Service			Agriculture	e	Leasing/Rer	ntal	Other		
Ente	r An y	Addition	nal Flor	ida Inf	formatio	n:					





7	neral Information:			
	Faxpayer Disability Information:			
	Type			
	Date	(Mo/Da/Yr)	_	
5	Spouse Disability Information:			
	Type			
	Date	(Mo/Da/Yr)	_	
le:	sidency Information:		Fro (Mo/D	
	If you did not live in Georgia for all of 2022, enter the dates yo	ou did live in Georgia	· · · · · · · · · · · · · · · · · · ·	
du	cation Savings:		Yes	No
D	id you or your spouse make any contributions to a Georgia Polif Yes, enter the following:	ath2College 529 Plan account	 	
TS		Social Security	Account Number	2022 Amount
	Name of Designated Deficitory	Number	Account Number	Contributed
E	Enter the amount you wish to contribute on your 2022 tax retu	urn to:		
	Cancer Research Fund			
	Dog and Cat Sterilization Fund			
	One describes Orange Francis			
	Realizing Educational Achievement Can Happen			
	Realizing Educational Achievement Can Hannen			
Ent	Realizing Educational Achievement Can Happen			
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≣nt	Realizing Educational Achievement Can Happen			





General Information:			
County of residence			
Jury duty pay returned to employer			
	Taxpayer	Spouse	
Do you qualify as deaf or disabled?	Yes No	Yes No	
Residency Information:		From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Hawaii for all of 2022, enter the dates you did live in Hawaii			
Enter the state names other than Hawaii where you had income			
Voluntary Contributions:			
		Taxpayer	Spouse
Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund		Yes No	Yes No
Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund?			
Do you wish to contribute \$5 to the Hawaii Public Libraries Fund?			
Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds'	?		
Low-Income Household Renters:			
Address			
From To (Mo/Da/Yr) (Mo/Da/Yr)			
Dates occupied			
Owner's name			
Enter total rent paid			
Enter Any Additional Hawaii Information:			
Enter Any Additional Hawaii information.			





		Taxpay	er	Spouse
		Yes	No	Yes No
Are you disabled and age 62, 63 or 64?		🔲 🗆		
Are you the unremarried widow of a retired U.S. Civil Service employ				
U.S. Military Serviceman, Idaho fireman or Idaho policeman?		📖 🗀		
Enter the amount of Internet or out of state purchases for which you	ı did not pay sales tax			
esidency Information:	Tax	payer		Spouse
	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Fro (Mo/D	
If you did not live in Idaho for all of 2022, enter the dates you	(Mer 2 ur 11)	(Mor Dar 11)	(111072	<u> </u>
did live in Idaho	· · ·			
Enter the state names other than Idaho where you had income				
	Taxpayer		Spous	se
	Yes No		Yes	No
Are you a resident on active military duty?				
Are you a military nonresident?				
Name of Designated Beneficiary	Social Security Number	Account N	lumber	2022 Amount Contributed
Lundama Cambrida di aura				
Enter the amount you wish to contribute on your 2022 tax return to:				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program American Red Cross of Idaho Fund				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program American Red Cross of Idaho Fund				
Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program American Red Cross of Idaho Fund				
Enter the amount you wish to contribute on your 2022 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program American Red Cross of Idaho Fund				





General Information:

С	County of residence					
E	nter the total property tax paid applicable to	the personal resid	ence			
	Property index number					
	County name			·····		
	nter the amount of general merchandise for nter the amount of qualifying food, non-pres which you did not pay any sales tax	scription drugs and	medical appliances for			
	re you a member, shareholder, partner, ber holds a medical cannabis cultivation center to you or your spouse have income from the	er or medical cannal	bis dispensary registrat	ion?		lo
E	nter the amount of Illinois income tax you w	vithheld from a hous	sehold employee			
Resi	dency Information:				From To D/Da/Yr) (Mo/Da/Y	'r)
	you did not live in Illinois for all of 2022, ent nter the state names other than Illinois whe			<u></u>		
	cation Savings:					
	I you or your spouse make any contribution College Savings Program, or College Illinois If Yes, enter the following:				🖂 🗀	lo
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2022 Amount Contributed	X
Did	E Savings Account: I you or your spouse make any contribution f Yes, enter the following:	s to a qualified Illino	ois ABLE savings accou	ınt? X if contribution was a gi	<u> </u>	lo 🔻
TS	Name of Designated Benef	iciary	Social Security Number	Account Number	2022 Amount Contributed	x
						П
	Intary Contributions:					



Illinois Information (Page 2 of 2)

Dependent Name	Grade (K-12)	School Name	School City	School Type	Tuition, Book/Lab Fe
you including a receipt for qualified educ	ation expenses?		Yes	No	
n IDOR share your income information to o	determine health	insurance benefits? .	Yes	No	
Any Additional Illinois Informat	tion:				



Indiana Information (Page 1 of 2)

General Information:		Тах	Taxpayer		oouse	
Co	ounty of resider	nce				
Co	ounty of employ	ment				
Er	iter the amount	of Internet or out of state purchases for which yo	u did not pay sales tax			
			Тахр	payer	Sp	ouse
Kes	dency Infor	mation:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
	did live in Indi					-
Dic	, , .	ouse make any contributions to an Indiana Colleg				Yes No
TS	Taxpayer or Spouse	made contributions for the purpose of paying for o	Social Security Number	Account Num	her 2	2022 Amount Contributed
тѕ	Taxpayer or Spouse is not the Account Owner	made contributions for the purpose of paying for l Name of Designated Beneficiary	Social Security Number	ter the following: Account Num		2022 Amount Contributed
	ntary Contr nter the amount Nongame Wild Public K-12 Ed Military Family	you wish to contribute on your 2022 tax return to dlife Fund ducation Fund				
	uctions and	Credits: of Indiana lottery winnings		Taxpay	er	Spouse
		ntribution during 2022 to an Indiana college or uni		g information:		
Γ		Name of College or Univers	sity		Date	Amount





Renter's Deduction:

Landlord information:	
Name	
Address	
City, State, ZIP	
Rental property:	
Street address	
City, State, ZIP	
Number of months rented in 2022	
Number of months refited in 2022	
Rent paid	
Homeowner's Residential Property Tax Deduction:	
Number of months at this address during 2022	
Property tax paid	
Enter Any Additional Indiana Information:	



Iowa Information (Page 1 of 2)

General Ir	nformation:				
County o	f residence				
School di	strict number				
Has your	name or address changed since filing last year's return?		Yes	No	
			Taxpay	er	Spouse
Tuition ar	nd textbook expenses for Grades K-12				
Danislassas	. Information	Tax	payer		Spouse
Residenc	y Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/	
you d	not live in lowa for all of 2022, enter the dates id live in lowa		-		
Enter the	state names other than lowa where you had income	• • • • • • • • • • • • • • • • • • • •			
Education	Savings:				
accour	your spouse make any contributions to a College Savings nt?			Yes	0
TS	Name of Designated Beneficiary	Social Security Number	Account Num	ber	2022 Amount Contributed
Voluntary	Contributions:				
	amount you wish to contribute on your 2022 tax return to:				
Fish a	nd Game Protection Fund			[
lowa S Child	State Fair Foundation Abuse Prevention Program Fund				
vetera	ans Trust Fund/Volunteer Fire Fighter Preparedness Fund				
lowa Item	ized Deductions:		Тахрау	er	Spouse
Enter the	amount of expenses incurred for the care of a disabled rel	ative			
Enter any	adoption expenses				





Federal Tax Data:	Enter the amounts from your 2021 income tax returns		
lowa deduction for fed	deral taxes		
Federal tax liability			
, .			
Total federal other taxe	es		
Federal estimated tax	paid in 2021		
Federal estimated tax	applied from 2020 overpayment		
Federal estimated tax	paid in 2022		
Amount paid with requ	uest for federal extension		
Amount paid for federa	al balance due (less interest and penalties)		
Federal earned income	e credit		
Federal additional child	d tax credit		
Federal American oppo	ortunity credit		
Federal net premium to	ax credit		
Federal excess Social	Security tax withheld		
Credit for federal tax o	on fuels		
Other refundable feder	ral tax credits		
			0
		Taxpayer	Spouse
lowa net income			
Federal income not su	bject to withholding		
Federal SE tax			
Federal income tax wit	thheld		
		•	•
Enter Any Additiona	al lowa Information:		



Kansas Information (Page 1 of 2)

Genera	l Information:			
Count	у			
Schoo	ll district number			
Enter	the amount of Internet or out of state purchases for which	ch vou did not pav sales tax		
	ncy Information:		F	rom To /Da/Yr) (Mo/Da/Yr)
	•			(
If you	did not live in Kansas for all of 2022, enter the dates you	did live in Kansas		
Enter	the state names other than Kansas where you had incom	ne		
Educati	on Savings:			
tuiti	or your spouse make any contributions to a Learning Quon (Section 529) plan account?		-	No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
	avings Account:		Yes	No
Did you	u or your spouse make any contributions to an ABLE sav s, enter the following:	Social Security	🗖	2022 Amount
Did you	or your spouse make any contributions to an ABLE sav			
Did you	u or your spouse make any contributions to an ABLE sav s, enter the following:	Social Security	🗖	2022 Amount
Did you If Ye	u or your spouse make any contributions to an ABLE sav s, enter the following:	Social Security	🗖	2022 Amount
Did you If Ye TS Volunta	nor your spouse make any contributions to an ABLE saves, enter the following: Name of Designated Beneficiary Intry Contributions: the amount you wish to contribute on your 2022 tax returns.	Social Security Number	🗖	2022 Amount
Did you If Ye TS Volunta Enter:	Name of Designated Beneficiary Try Contributions: the amount you wish to contribute on your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Your 2022 tax returns as Nongame Will (Chickadee Contribute on Your 2022 tax returns as Nongame Will (Chickad	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed
Did you If Ye TS Volunta Enter: Ka Se	Name of Designated Beneficiary Try Contributions: the amount you wish to contribute on your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute on Wheels Contribution Program	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed
Did you If Ye TS Volunta Enter: Ka Se Bre	Name of Designated Beneficiary Name of Designated Beneficiary Try Contributions: the amount you wish to contribute on your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Chior Citizens Meals on Wheels Contribution Program east Cancer Research Fund	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed
Did you If Ye TS Volunta Enter: Ka Se Bre Mill Ka	Name of Designated Beneficiary In a Contributions: Name of Designated Beneficiary In a Contributions: The amount you wish to contribute on your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Chior Citizens Meals on Wheels Contribution Program east Cancer Research Fund itary Emergency Relief Fund insas Hometown Heroes Fund	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed
Did you If Ye TS Volunta Enter H Ka Se Bre Mill Ka Ka	Name of Designated Beneficiary Name of Designated Beneficiary Try Contributions: the amount you wish to contribute on your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Conior Citizens Meals on Wheels Contribution Program east Cancer Research Fund itary Emergency Relief Fund mass Hometown Heroes Fund mass Creative Arts Industry Fund	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed
Did you If Ye TS Volunta Enter H Ka Se Bre Mill Ka Ka Loe	Name of Designated Beneficiary Name of Designated Beneficiary	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed
Did you If Ye TS Volunta Enter Ka Se Bre Mill Ka Ka Loo	Name of Designated Beneficiary Name of Designated Beneficiary	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed
Did you If Ye TS Volunta Enter Ka Se Bre Mill Ka Ka Loo	Name of Designated Beneficiary Name of Designated Beneficiary Try Contributions: the amount you wish to contribute on your 2022 tax returns as Nongame Wildlife Improvement Fund (Chickadee Chior Citizens Meals on Wheels Contribution Program east Cancer Research Fund itary Emergency Relief Fund insas Hometown Heroes Fund insas Creative Arts Industry Fund cal School District Contribution Fund School district number (if different from above)	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed
Did you If Ye TS Volunta Enter Ka Se Bre Mill Ka Loe St Intangil	Name of Designated Beneficiary Name of Designated Beneficiary	Social Security Number rn to: heckoff)	Account Number	2022 Amount Contributed



Homestead and Food Sales Tax Claim Information:

Kansas Information (Page 2 of 2)

as any part of your homestead rented or use							
you want to send your 2023 homestead ad							
your property tax delinquent?							
e you filing as surviving spouse of a disabled	d veteran or an activ	ve duty servi	ce member who died in the li	ne of duty?			
ou qualify as disabled and are not over 55, e	enter the date of yo	our disability	Mo/Da/Yr):				
Taxpayer							
Spouse							
ousehold Income:					20:	22 Amo	unt
Social security death benefits							
001 100 11 1111 1							
TAF payments, general assistance, worker's			olarships				
Other Household Income:							
Recipient			Source		20:	22 Amo	unt
Other Exempt Income:							
	Descrip	tion			20:	22 Amo	unt
	Descrip	tion			20	22 Amo	unt
	Descrip	tion			20	22 Amo	unt
	Descrip	tion			20	22 Amo	unt
ease list any other members of the househole			nded period during the tax y	ear. Do not includ			
		u for an exte		Number of	le your	depende	ents.
ease list any other members of the househole	d that lived with you	u for an exte	nded period during the tax y Relationship	Number of Months in	le your		ents.
	d that lived with you	u for an exte		Number of	le your	depende	ents.
	d that lived with you	u for an exte		Number of Months in	le your	depende	ents
	d that lived with you	u for an exte		Number of Months in	le your	depende	ents.
	d that lived with you	u for an exte		Number of Months in	le your	depende	ents.
	d that lived with you	u for an exte		Number of Months in	le your	depende	ents.
	d that lived with you	u for an exte		Number of Months in	le your	depende	ents
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents
	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents.
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents.
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents.
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents.
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents.
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents.
Name	Date of (Mo/Da	u for an exte		Number of Months in	le your	depende	ents.



Kentucky Information

General Information:		Taxpayer	Spouse
Are you a member of the National Guard?		Yes No	Yes No
Enter the amount of Internet or out of state purchases for which you did not pay sales tax			
Residency Information:		From (Mo/Da/Yr)	To (Mo/Da/Yr)
		,	,
If you did not live in Kentucky for all of 2022, enter the dates you did live in Kentucky			_
Enter the state names other than Kentucky where you had income			
Voluntary Contributions:			
Do you wish to contribute to the Political Party Fund?	Taxpayer		ouse
	Yes No	Yes	No
Democratic			
Republican			
Enter the amount of your overpayment you wish to contribute on your 2022 tax return to:			
Nature and Wildlife Fund Child Victims' Trust Fund Veterans' Program Trust Fund Breast Cancer Research and Education Trust Fund Farm to Food Banks Trust Fund Local History Trust Fund Special Olympics Kentucky Pediatric Cancer Research Trust Fund Rape Crisis Center Trust Fund Court Appointed Social Advocate Trust Fund YMCA Youth Association Fund Enter Any Additional Kentucky Information:			



Louisiana Information (Page 1 of 2)

Gen	eral Information:			
E	nter the amount of Internet or out of state purchases for which	you did not pay sales tax		
Resi	dency Information:			From To (Mo/Da/Yr)
	rou did not live in Louisiana for all of 2022, enter the dates you ter the state names other than Louisiana where you had incon			
duc	ation Savings:			Yes No
	you or your spouse make any contributions to a START Savir If Yes, enter the following:	ngs Program account? .		
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
	Make-A-Wish Foundation of the Texas Gulf Coast and Louisian Louisiana Association of United Ways / LA 2-1-1	ana		
	Louisiana State Troopers Charities, Inc. Friends of Palmeto State Park			
	Additional Donation to the Military Family Assistance Fund Additional Donation to Coastal Protection and Restoration Fu	und		
	Additional Donation to Louisiana Food Bank Association The START Program Dreams Come True, Inc			
	Sexual Trauma Awareness and Response (STAR) Louisiana State University Agricultural Center Grant Walker E			



Louisiana Information (Page 2 of 2)

School Expenses Information:

Enter information for each qualified dependent:

- * 1. Elementary & Secondary School
 - 2. Home Schooled
 - 3. Quality Public Education

Dependent Name	Name of School	*Deduction Code

Enter qualified expenses for each dependent listed above:

Tuition and Fees	School Uniforms	Textbooks or Other Inst. Material	Supplies

Enter Any Additional Louisiana Information:							



Maine Information (Page 1 of 2)

General Information:			
Are you engaged in commercial farming or fishing?			Yes No
Enter the amount of Internet or out of state purchases for wh	nich you did not pay sales tax		
Residency Information:			From To (Mo/Da/Yr)
If you did not live in Maine for all of 2022, enter the dates you	u did live in Maine		
Enter the state names other than Maine where you had incon	ne		
ducation Savings:			Yes No
Did you or your spouse make any contributions to a qualified of Yes, enter the following:	state tuition (Section 529) plan	account?	
TS Name of Designated Beneficiary	Social Security Number	Account Numbe	r 2022 Amount Contributed
Enter the amount you wish to contribute on your 2022 tax ref	turn to:		
Maine Children's Trust			
Companion Animal Sterilization Fund			
Maine Military Family Relief Fund			
Maine Veterans' Memorial Cemetery Maintenance Fund			
Maine Public Library Fund			
Maine Children's Cancer Research Fund			
Do you want \$3.00 to go to the Maine Clean Election Fund? Does your spouse want \$3.00 to go to this fund?			
Park Passes:			
Number of park passes to be purchased:			
Individual park pass?			
Vehicle park pass?			



Maine Information (Page 2 of 2)

Property Tax Fairness Credit

Rent paid on your home		
	Yes	No
Does rent paid include heat, utilities, furniture, snowplowing or similar items?		
	, 	
Was your rent reduced or paid in part by the government?		
	——	
Landlord's name and telephone number		
Did you or your spouse, if married, receive social security disability benefits or supplemental security income disability	Voc	No
1 0000	Yes	
benefits in 2022?		
Enter Any Additional Maine Information:		



Maryland Information (Page 1 of 2)

Ge	neral Information:						
F	Political subdivision						
ŀ	f the political subdivision is not known, enter the County of residence on December 31, 2022 _ Incorporated city, town or taxing area on Dece						
				Taxpa		Spouse	
				Yes	No	Yes No	
	o you or will you have health care coverage at th	ne time the incom					
	If No, do you want to authorize the Comptrolle	-		1			
	this tax return with the Maryland Health Be determining pre-eligibility for low- or no-cos	ŭ	• •	Ye	29	No	
1	Are you or your spouse a member of the military?					No	
	Oo all dependents that will be listed on the return						
	coverage at the time the income tax return is fi	iled?		Ye	es	No	
Res	sidency Information:						
	-			From o/Da/Yr)		To /Da/Yr)	
ŀ	f you did not live in Maryland for all of 2022:			•		•	
	E		· · · · · · · · · · · · · · · · · · ·				
			· · · · · · · · · · · · · · · · · · ·				
	Enter the state names other than Maryland where Pennsylvania residents:	you nad income					
-							
	What is the name of your township? What is the name of your county?						
ı	f you are a nonresident of Maryland, did you resid your state of legal residency?			Yes	No		
=du	cation Savings:						
_uu	cation davings.						
	oid you or your spouse make any contributions to		~	\vdash	No		
	Trust or Maryland College Investment Plan Acc	ount?					
	If Yes, enter the following:						
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Ac	count N	lumber	2022 Amount Contributed
L							
Vol	untary Contributions:						
E	Enter the amount you wish to contribute on your 2	2022 tax return to):				
	Chesapeake Bay and Endangered Species Fur	nd					
	Developmental Disabilities Services and Suppo						
	Fair Campaign Financing Fund						
Lor	ng-Term Care Insurance Information:						
	Name of Insured	Δ σ:-	Social Security	Dolo#:-	nobin 1	a Taynera	Amount of
	Name of Insured	Age	Number	Relatio	monip to	o Taxpayer	Premium Paid
				<u> </u>			



Maryland Information (Page 2 of 2)

Quality Teacher Incentive Credit:	Taxpayer	Spouse
If you are a Maryland teacher and qualify for this credit:		
Enter the amount of tuition paid		
Enter the amount of tuition reimbursement		
Enter Any Additional Maryland Information:		
· · · · · · · · · · · · · · · · · · ·		



Massachusetts Information (Page 1 of 2)

General Information:		
		Yes No
Has your name changed since filing your 2021 income tax return?		
Are you or your spouse a noncustodial parent?		
Would you like to choose the optional 5.85% tax rate?		
Did you or your spouse make voluntary paid family and medical leave contributions from self-empl	oyment income?	
If Yes, enter the amount		
in rest, office the amount		
Total purchases in 2022 subject to Massachusetts use tax		
Sales/use tax paid to other state or jurisdiction		
	Taxpayer	Spouse
	Yes No	Yes No
Daylor availation the blind avanation?	res No	Tes No
Do you qualify for the blind exemption? Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom,		
Iraqi Freedom, or Noble Eagle?		
magnification, or Nobic Lagio.		
Total paid for weekly/monthly commuter passes and FastLane tolls		
Residency Information:	Fro (Mo/D	
If you did not live in Massachusetts for all of 2022, enter the dates you did live in Massachusetts		
Enter the state names other than Massachusetts where you had income		
Voluntary Contributions:		
Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?		Yes No
Taxpayer		
Spouse		
		
Enter the amount you wish to contribute on your 2022 tax return to:		
Organ Transplant Fund		
Endangered Wildlife Conservation		
Massachusetts Public Health HIV and Hepatitis Fund		
Massachusetts United States Olympic Fund		
Massachusetts Military Family Relief Fund		
Homeless Animal Prevention and Care Fund		
Rental Deduction Information:		
News of boothest		
Name of landlord		
Rent paid		



Massachusetts Information (Page 2 of 2)

Schedule HC Health Insurance Provider Information

Private or Other Government Provider				Тахра	ıyer					Spo	use	
Name of Insurance Company or Administrator or Other Provide	er											
Federal Identification Number of Insurance Company							_					
Subscriber Number							_					
Schedule HC Government - Subsidized Health Insurance									Taxpay	yer	Sp	ouse
Commonwealth Care ConnectorCare MassHealth Medicare Veterans Administration Program Enrollment Tri-Care Other (see instructions). Enter only name(s) of provider(s) above Applied for MassHealth or Commonwealth Care in 2022 and decompositions.	enied				· · · · · · · · · · · · · · · · · · ·							
Months Covered by Health Insurance (if not all of 20	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer Spouse		— —		— —			— —		—	— —		
Other Information								Тахра	ayer		Spou	ıse
Are you claiming an exemption from the requirement to purchase religious beliefs? Did you claim a religious exemption and receive medical health careficate number if you obtained a Certificate of Exemption issue.	are dur	ing the	taxable	 e year?				Yes	No		/es	No
Monthly premium amount offered through employer's health insu	ırance p	olan										
Did your employer offer free health insurance? Did your employer offer a qualifying plan that cost less than 9.789. Are you a U.S. citizen or legal permanent resident alien? Do you authorize the DOR to share your Schedule HC with the Control Authority to appeal a penalty?	% of ho ommor	usehol ıwealth	d incon Health	ne? Insura	 ınce Co	onnecto	 or _					
Enter Any Additional Massachusetts Information:												





General Information:

					Tax	Taxpayer		Spouse	
۸					Yes	No	Yes	N	
Are	e you hemiplegic, paraplegic, or quadriplegic? e you totally and permanently disabled?								
Dic	e you deaf? I you receive pension or retirement benefits from the standard control of the standard co	om employment with	h a governmental agen	су					
	that was not covered by the federal SSA?								
We	ere you born after 1953, retired as of January	1, 2013, and receive	d benefits from SSA ex	empt employment?				L	
Are	e you blind and own your own homestead? .					Yes	No		
Are	e you a veteran with a service-connected disability Yes to above, enter percentage of disability					Yes	No		
Are	you a surviving spouse of a veteran decease					Yes	No		
Are	e you a pensioned veteran, a surviving spouse	of such a veteran, o	or on active			_			
	military duty?					Yes	No		
Are	e you a surviving spouse of a nondisabled or r World War II, or World War I?	•	•			Yes	No		
	w many of your dependents:					<u> </u>			
	Are deaf?								
	Are deaf? Are blind or disabled? Are qualified disabled veterans?								
	Are blind or disabled?								
	Are blind or disabled?	Certificate of Stillbirth	n from MDHHS?			Yes	No		
Dic	Are blind or disabled?	Certificate of Stillbirth	n from MDHHS?			Yes	No No		
Dic	Are blind or disabled? Are qualified disabled veterans? Were stillborn and for which you received a Code you incur expenses related to the Historic Process.	Certificate of Stillbirth	n from MDHHS? dit? did not pay sales tax	payer		Spo	use		
Dic En	Are blind or disabled? Are qualified disabled veterans? Were stillborn and for which you received a Cdd you incur expenses related to the Historic Protect the amount of Internet or out of state purchases.	Certificate of Stillbirth reservation Tax Crec hases for which you er the dates you	n from MDHHS?			Spo			
Dic En esi	Are blind or disabled? Are qualified disabled veterans? Were stillborn and for which you received a Cod you incur expenses related to the Historic Protect the amount of Internet or out of state purchased the state of the protection of the prote	Certificate of Stillbirth reservation Tax Crec hases for which you er the dates you	did not pay sales tax Tax	payer To	Fro	Spo	use To		
Dic En	Are blind or disabled? Are qualified disabled veterans? Were stillborn and for which you received a Cdd you incur expenses related to the Historic Protect the amount of Internet or out of state purchased the state purchased and the state purchased and the state purchased and the state purchased and state	Certificate of Stillbirth reservation Tax Crec hases for which you er the dates you	did not pay sales tax Tax	payer To	Fro	Spo	use To		
Diction Enter Ente	Are blind or disabled? Are qualified disabled veterans? Were stillborn and for which you received a Cod you incur expenses related to the Historic Protect the amount of Internet or out of state purel dency Information: Ou did not live in Michigan for all of 2022, entered to the state names other than Michigan where the state names other than Michigan where the state names attended to your your spouse make any contributions to 529 Advisor Plan account?	Certificate of Stillbirth reservation Tax Crec hases for which you er the dates you e you had income	did not pay sales tax Tax From (Mo/Da/Yr)	payer To (Mo/Da/Yr)	Fro	Spo	use To		
Did Ent esid If y Ent Uca Did	Are blind or disabled? Are qualified disabled veterans? Were stillborn and for which you received a Cod you incur expenses related to the Historic Protect the amount of Internet or out of state purel dency Information: Ou did not live in Michigan for all of 2022, entered to the state names other than Michigan where the state names other than Michigan where the state names atton Savings: you or your spouse make any contributions to the state of the state of the state name of the state names other than Michigan where the state names other than Michigan where the state names other than Michigan where the state names other than Michigan where the state names other than Michigan where the state names other than Michigan where the state names of the state name o	Certificate of Stillbirth reservation Tax Crec hases for which you er the dates you e you had income	from MDHHS? did not pay sales tax Tax From (Mo/Da/Yr)	payer To (Mo/Da/Yr)	Fro (Mo/D:	Spo m a/Yr)	use To	a/Yr]	



Michigan Information (Page 2 of 3)

Voluntary Contributions:

American Red Cross Michigan Fund Animal Welfare Fund Children's Trust Fund - Prevent Child Abuse Michigan Military Family Relief Fund United Way Fund	Spouse
	Spouse
Taxpayer	
Do you wish to make a contribution on the 2022 return to the State Campaign Fund?	Yes No
Property Tax Credit Information: Residence #1 Residence #2	
Date residency began if after 1/1/22 (Mo/Da/Yr) Date residency ended if before 12/31/22 (Mo/Da/Yr) Address of homestead: Street number and name City or township State ZIP code Mo/Da/Yr) Mo/D	
Taxable value of homestead if owned Current year property taxes Landlord, housing project or care facility: Name Street address City State	
ZIP code	
Monthly rent Total rent paid	
Non-homestead property tax millage	
Farmland Preservation Tax Credit Information:	
County Contract Code Number (Mo/Da/Yr) Code Number Social Joint Owner Social Security Number of Inc.	



Michigan Information (Page 3 of 3)

Home Heating Credit:				
County				
Are heating costs currently included in your rent payments? Do you want your name and address referred to other governme Do you and/or your spouse receive Supplemental Security Incor If you and/or your spouse live in one of the following care facilitie Nursing home, adult foster care home, home for the aged or s	ent assistance programs? me (SSI)? es, please indicate which one:	Yes No No Yes No No		
How much were you billed for heat between 11/1/21 - 10/31/22? Number of persons sharing the home who are eligible to file a cl. Are there any dependents being claimed on the return who do n credit? Are there members of the household other than the taxpayer, sp	aim ot qualify for the home heating			
claimed on the return who qualify for the home heating credit	· · · · · · · · · · · · · · · · · · ·	Yes No		
If Yes, provide the following:	Is the household meml	ber a U.S. citizen or qualif	ied alien?	
	Name	Social Security Numbe	r Age	Yes or No
Household Resources:		_		
Enter the amount you received for:				
Child support and foster care payments				
Worker's compensation, veteran's disability compensation a				
Strike pay, SUB pay, long-term disability benefits and income	e protection insurance benefits _			
Trade Act of 1974 (TRA) benefits				
Gifts or expenses paid on your behalf				
Other Househol	ld Resources		Am	ount
Enter Any Additional Michigan Information:				



Minnesota Information (Page 1 of 3)

Residency Information:				Fron (Mo/Da	
If you did not live in Minnesota fo	r all of 2022, enter the dates you d	id live in Minnesota			
Enter the state names other than	Minnesota where you had income				
Education Savings:				Yes	No
Did you or your spouse make any If Yes, enter the following:	contributions to a qualified educat	ion savings account?			
TS Name of Desi	gnated Beneficiary	Social Security Number	Account N	umber	2022 Amount Contributed
Voluntary Contributions:					
	ntribute on your 2022 tax return to tribute \$5.00 to a political party, se		Fund		
Taxpayer: Republi			pendence eral Campaign Fund		ots - Legalize Cannabis
Spouse: Republi			pendence eral Campaign Fund	•	ots - Legalize Cannabis
Qualified School Expenses	for Dependents:				
	Depend	ent 1		Depend	ent 2
Dependent's name			_		
Dependent's grade					
Qualified expenses					
Type of school (public, private, home)			_		
Type of expense					
Type of Instruction (Class or Individual)			_		
Instructor or organization or Transportation provider			_		
Type of class			_		
Type of musical instrument			_		



Minnesota Information (Page 2 of 3)

Credit	for Parents of Stillborn Childr	en:			
Did y	ou or your spouse experience a stillbirt	n during the	e year?		Yes No
lf	Yes, include the Minnesota Certificate	of Birth for	each stillborn child.		
Long	Term Care Insurance:				
If you	u had long term care insurance, list the	oolicy owne	er, policy company name and policy numb	er below.	
	Policy Owner		Policy Company Name	•	Policy Number
	Taxpayer Spouse Jo	int			
	Taxpayer Spouse Jo	int			
				,	_
Prope	rty Tax Refund Information:	Include a	II Certificates of Rent Paid and/or State	ments of Property Taxe	s Payable in 2023
Cour	nty of residence				
Are y Did y Are y Ente	rou own AND occupy your homestead or you a mobile home owner who paid rent r the percent of your home that is NOT o	alth care fac on BOTH Ja for propert used for bu	cility? anuary 2, 2022 and January 2, 2023? ty on which it was located?		<u>%</u>
	yer Transit Pass Credit:				Yes No
Did y	our business buy Transit passes to rese	ell or give to	your employees?		Tes No
li	f Yes, what was the original cost of the p	passes?			
Wha	t amount was charged to employees for	the passes	s?		
Wha	t is your Minnesota ID number?				
Stude	nt Loan Credit			Taxpayer	Spouse
	r the total amount paid toward your or y ıring the year	•	•		
	r the amount of interest paid on your or iring the year				
Ente	r the original balance of your or your spo	ouse's qual	ified student loans		





Enter Any Additional Minnesota Information:

-	





Gene	eral Information:				
Co	unty of residence				
Ent	ter the amount of Internet or out of state purch	nases for which you	did not pay sales tax	×	
Resid	dency Information:				
If y	ou had income from a state other than Mississ enter the name of the other state(s)				
duca	ation Savings:				
F	you or your spouse make any contributions to Program (MPACT) or Mississippi Affordable Co If Yes, enter the following:			e Tuition	Yes No
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2022 Amount Contributed
	ter the amount you wish to contribute on your Mississippi Military Family Relief Fund				
	Mississippi Wildlife Heritage Fund				
	Mississippi Educational Fund				
	Mississippi Commission for Volunteer Service	Fund			
	Mississippi Burn Care Fund				
	Mississippi Wildlife Fisheries and Parks Found	dation			
Ente	r Any Additional Mississippi Inform	ation:			
	- Any Additional Mississippi miorni				



Missouri Information (Page 1 of 2)

Gen	eral Information:					
С	ounty of residence		<u> </u>			
			Taxpa		ouse	
D	o you qualify as disabled?		Yes	No Yes	No	
A	o you or your spouse qualify as a 100 percent disabled veteran re you 60 years of age or older and did you receive surviving sp id you make contributions to a health care sharing ministry?	ouse social security benef	its? Ye	s No		
Res	idency Information:	Тах	payer		Spc	ouse
lf	you did not live in Missouri for all of 2022:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da		To (Mo/Da/Yr)
	Enter the dates you did live in Missouri					
	Enter the dates you lived in the other state					
Eı	nter the state names other than Missouri where you had income	e				
	cation Savings: d you or your spouse make any contributions to a Missouri Savi (MOST) account? If Yes, enter the following:		Yes	No		
TS	Name of Designated Beneficiary	Social Security Number	Account	Number		022 Amount Contributed
	untary Contributions: Inter the amount you wish to contribute on your 2022 tax return	to:				
	Children's Trust Fund	Pediatric C	ancer Research	Trust Fund		
	Veteran's Trust Fund		leart Association			
	Elderly Home Delivered Meals Trust Fund	Soldiers M	emorial Military		-	
	Missouri National Guard Trust Fund	Museur	n in St. Louis Fur	nd		
	Workers' Memorial Fund	Amyotroph	ic Lateral Scleros	sis (ALS)		
	Childhood Lead Testing Fund	Fund				
	American Cancer Society Heartland	Arthritis Fo	undation Fund			
	Division Inc., Fund	March of D	imes Fund			
	American Diabetes Association	Muscular D	ystrophy Associ	ation Fund		
	Gateway Area	National M	ultiple Sclerosis S	Society Fund		
	Kansas City Regional Law Enforcement		ilitary Family Reli			
	Memorial Foundation Fund		venue Fund			
	Foster Care and Adoptive Recruitment and		e Organ Donor Pr			
	Retention Fund	Missouri M	edal of Honor Re	cipients Fund		





Property Tax Information:

County or city where you paid real estate tax
Enter the amounts you paid on your homestead to:
Rental payments
County real estate tax
City real estate tax
School tax
Percent of real estate tax applicable to homestead
Total number of acres
If the homestead is used for business or rental purposes enter:
Total number of rooms
Number of rooms used for business or rental
Did you own or occupy your home for the entire year
Enter Any Additional Missouri Information:
L



Montana Information (Page 1 of 2)

Gene	eral Inforn	nation:		Taxpayer	Spouse
En	ter the numb	er of exemptions for handicapped dependent childre	en		
Resi	dency Info	ormation:		Fron (Mo/Da	
-		re in Montana for all of 2022, enter the dates you did names other than Montana where you had income	live in Montana	· · · · · · · · · · · · · · · · · · ·	
Educ	ation Savi	ngs:			
	other state's	spouse make any contributions to a Montana Family qualified tuition (Section 529) plan that is not a preparthe following:		ram or Yes	No
TS		Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
Volu	ntary Con	tributions:			
En	ter the amou	nt you wish to contribute on your 2022 tax return to:		Taxpayer	Spouse
	-	ildlife Program			
	Agriculture i Child Abuse	Dti			
		ily Relief Fund			
Colle	ege Contri	bution Credit:			
	TSJ	Donation	(s) Made To		Total Amount
Elde	rly Homed	wner/Renter Credit if Over Age 62:			
Nu	mber of mon	ths occupied Montana residence			
	nt paid	ce received			
. u	2.10 400101411				
Fede	eral Tax Da	ata:		Taxpayer	Spouse
Fe	deral estimat	ed tax payment paid in 2022			
Fe	Federal income taxes paid in 2022 for 2021 and prior years				



Montana Information (Page 2 of 2)

Montana Medical Savings Account:	Taxpayer	Spouse
Beginning balance		
Contributions		
Earnings		
Ending balance		
Enter Any Additional Montana Information:		





General In	formation:			
County of	residence			
School dis	strict name			
Are you or	n active duty in the military?		Yes No	
Residency	Information:		Fro (Mo/D	
If you did	not live in Nebraska for all of 2022, enter the dates	you did live in Nebraska		
Enter the	state names other than Nebraska where you had in	come		
ducation	Savings:			
-	your spouse make any contributions to a Nebraska		Yes No	
	enter the following:			
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
	amount of Internet or out of state purchases for wh			
Local juris	diction to which use tax is owed			
Voluntary	Contributions:			
	amount you wish to contribute on your 2022 tax re			
Wildlife	e Conservation Fund Donation			
Enter Any	Additional Nebraska Information:			



New Hampshire Information (Page 1 of 2)

General Information:				Taxpayer		ouse
			Yes	No	Yes	No
Do you qualify as disabled?						
If the IRS has made adjustments to your federal income tax retur have not been previously reported to New Hampshire, indica						
Residency Information:			Froi (Mo/Da		T((Mo/D	
If you did not live in New Hampshire for all of 2022, enter the date live in New Hampshire	•		•			
Enter the state names other than New Hampshire where you had	l income					
Passthrough Distributions Subject to Interest and	l Dividends Tax					
Payer's Name	Payer's ID	Entity Type		Amou	nt	FS0
Other Nontaxable Interest and Dividends						
TSJ						
Payer's Name						
Payer's Identification Number						
Tax-Exempt Type						
Tax-Exempt Interest		_				



New Hampshire Information (Page 2 of 2)

Business General Information:	
Single Member LLC Name	
Department Identification Number	Yes No
Has the name changed since last year If Yes, enter the former name	
Is this a final return?	
Business Activity Information:	
In what city and state are the books kept?	
What is the principal business activity?	
What country are the records kept in if not the U.S.?	·
What is the state of incorporation?	
What year was your first New Hampshire business return filed?	
Business Locations: In New Hampshire: City/Town Location of Factories, Sales O	ffices Warehouses Construction Sites
Outside New Hampshire:	
Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.
Enter Any Additional New Hampshire Information:	



New Jersey Information (Page 1 of 2)

Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other contributions. Choose one fund from the list below and enter the amount Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund Other contributions Northerm New Jersey Fund New Jersey Fund New Jersey Fund New Jersey Fund Autism F	Taxpayer Yes No Yes No Yes No Yes No Yes No To (Mo/Da/Yr) No To (Mo/Da/Yr)
Do you qualify as disabled? Enter the amount of Internet or out of state purchases for which you did not Did you, your spouse, and all household members have insurance coverage the entire year? Attach all Forms 1095 received and/or any applicable exemption information: If you did not live in New Jersey for all of 2022, enter the dates you did live in Enter the state names other than New Jersey where you had income //oluntary Contributions: Enter the amount you wish to contribute on your 2022 tax return to: Endangered and Nongame Species of Wildlife Conservation Fund Children's Trust Fund Breast Cancer Research Fund Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other contributions. Choose one fund from the list below and enter the amount Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund Northerm New Jersey Prostate Cancer Research Fund New Jers	Taxpayer Yes No Yes No Yes No Yes No Yes No No No No Hyes No No No No No No Hyes No No No No No No No No No No
Enter the amount of Internet or out of state purchases for which you did not Did you, your spouse, and all household members have insurance coverage the entire year? Attach all Forms 1095 received and/or any applicable exemption information: If you did not live in New Jersey for all of 2022, enter the dates you did live in Enter the state names other than New Jersey where you had income //oluntary Contributions: Enter the amount you wish to contribute on your 2022 tax return to: Endangered and Nongame Species of Wildlife Conservation Fund Children's Trust Fund Breast Cancer Research Fund Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other contributions. Choose one fund from the list below and enter the amount Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund Northerm ALS Ass Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund	Yes No Yes No Yes No No Yes No No To (Mo/Da/Yr) Iew Jersey
Enter the amount of Internet or out of state purchases for which you did not Did you, your spouse, and all household members have insurance coverage the entire year? Attach all Forms 1095 received and/or any applicable exemption information: If you did not live in New Jersey for all of 2022, enter the dates you did live in Enter the state names other than New Jersey where you had income //oluntary Contributions: Enter the amount you wish to contribute on your 2022 tax return to: Endangered and Nongame Species of Wildlife Conservation Fund Children's Trust Fund Breast Cancer Research Fund Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other contributions. Choose one fund from the list below and enter the amount Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund Northerm ALS Ass Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund	Yes No Yes No Yes No No Yes No No To (Mo/Da/Yr) Iew Jersey
Enter the amount of Internet or out of state purchases for which you did not Did you, your spouse, and all household members have insurance coverage the entire year? Attach all Forms 1095 received and/or any applicable exemption information: If you did not live in New Jersey for all of 2022, enter the dates you did live in Enter the state names other than New Jersey where you had income //oluntary Contributions: Enter the amount you wish to contribute on your 2022 tax return to: Endangered and Nongame Species of Wildlife Conservation Fund Children's Trust Fund Breast Cancer Research Fund Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other contributions. Choose one fund from the list below and enter the amount Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund Northerm ALS Ass Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund	y sales tax Yes No No No (Mo/Da/Yr) Iew Jersey
Enter the amount of Internet or out of state purchases for which you did not Did you, your spouse, and all household members have insurance coverage the entire year? Attach all Forms 1095 received and/or any applicable exemption information: If you did not live in New Jersey for all of 2022, enter the dates you did live in Enter the state names other than New Jersey where you had income //oluntary Contributions: Enter the amount you wish to contribute on your 2022 tax return to: Endangered and Nongame Species of Wildlife Conservation Fund Children's Trust Fund Breast Cancer Research Fund Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other contributions. Choose one fund from the list below and enter the amount Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund Northerm ALS Ass Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund	y sales tax Yes No No No From (Mo/Da/Yr) Iew Jersey Iew Jersey
Did you, your spouse, and all household members have insurance coverage the entire year? Attach all Forms 1095 received and/or any applicable exemption information: If you did not live in New Jersey for all of 2022, enter the dates you did live in Enter the state names other than New Jersey where you had income //oluntary Contributions: Enter the amount you wish to contribute on your 2022 tax return to: Endangered and Nongame Species of Wildlife Conservation Fund Children's Trust Fund Breast Cancer Research Fund Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other contributions. Choose one fund from the list below and enter the amount Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Northerm Korean Veterans' Memorial Fund Northerm Korean Veterans' Memorial Fund New Jersey Corgan and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey Prostate Cancer Research Fund New Jersey World Trade Center Scholarship Fund Autism F	Yes No No From To (Mo/Da/Yr) Iew Jersey
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Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other contributions. Choose one fund from the list below and enter the amount Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund Other contributions Northern New Jersey Northern New Jersey Northern New Jersey ALS Ass Literacy Volunteers of America - New Jersey Fund New Jersey World Trade Center Scholarship Fund Autism F	
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Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund Northerm New Jersey Local Literacy ALS Ass Literacy Volunteers of America - New Jersey Fund New Jersey World Trade Center Scholarship Fund Northerm	
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Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund Northern New Jersey Local Literacy ALS Ass Fund for New Jersey Prostate Cancer Research Fund New Jersey Autism F	
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Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund Local Lite ALS Ass Fund for New Jersey Fund New Jersey Autism F	lew Jersey Veterans Memorial Cemetery Development Fund
NJ - AIDS Services Fund ALS Ass Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund Autism F	y Farm to School and School Garden Fund
Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund Autism F	ry Support Fund
New Jersey Prostate Cancer Research Fund New Jersey World Trade Center Scholarship Fund Autism F	iation Support Fund
World Trade Center Scholarship Fund Autism F	e Support of New Jersey Nonprofit Veterans Organizations
·	y Yellow Ribbon Fund
Now Jorgan Votorans Haven Support Fund Roy Scot	grams Fund
11	s Councils in New Jersey Fund
	als to War Veterans Maintenance Fund
3 1 7	sh Program Fund
y y	
	Var II Veterans' Memorial Fund
-	Var II Veterans' Memorial Fund Vheels in New Jersey Fund
American Red Cross - NJ Fund Special C Girl Scouts Councils in New Jersey Fund	Var II Veterans' Memorial Fund Vheels in New Jersey Fund y Pediatric Cancer Research Fund
Homeless Veterans Grant Fund	Var II Veterans' Memorial Fund Vheels in New Jersey Fund
Leukemia and Lymphoma Society New Jersey Fund	Var II Veterans' Memorial Fund Vheels in New Jersey Fund y Pediatric Cancer Research Fund
Economia and Lymphoma Society New Sersey Fund	Var II Veterans' Memorial Fund Vheels in New Jersey Fund y Pediatric Cancer Research Fund
	Var II Veterans' Memorial Fund Vheels in New Jersey Fund y Pediatric Cancer Research Fund
	Var II Veterans' Memorial Fund Vheels in New Jersey Fund y Pediatric Cancer Research Fund ympics New Jersey Fund
Do you want \$1 to go to the Gubernatorial Election Fund?	Var II Veterans' Memorial Fund Vheels in New Jersey Fund y Pediatric Cancer Research Fund





Property Tax Reimbursement Application Information:	
Property tax paid on principal residence	
Rent paid on principal residence	
Tions paid on principal residence	
nter Any Additional New Jersey Information:	



New Mexico Information (Page 1 of 2)

General Information:			
Enter the name of your Indian nation, tribe or pueblo for	r taxpayer		
Enter the name of your Indian nation, tribe or pueblo for	r spouse		
Enter the amount of income earned on your reservation	or pueblo by enrolled member		
Residency Information:		Fro (Mo/D	
If you did not live in New Mexico for all of 2022, enter the	ne dates you did live in New Mexico	· · · · · · · · · · · · · · · · · · ·	
Enter the state names other than New Mexico where yo	ou had income		
Education Savings: Did you or your spouse make any contributions to a New If Yes, enter the following:	w Mexico Education Trust Fund acc	ount?	No
TS Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
Veterans' National Cemetery Fund Substance Abuse Education Fund Forest Re-leaf Program			
Kids in Parks Education program			
Veteran's Enterprise Fund			
Animal Care and Facility Fund			
Supplemental Senior Services Sexual Assault Examination Kit Processing Fund			
Healthy Soil Program			
If you or your spouse wish to contribute \$2.00 to a polit	tical party specify a party:		
Taxpayer Democratic Republica		en Better for America	Constitution
ranpayer Democratic nepublica	an cibertalian Giee	on better for America	Constitution
Spouse Democratic Republica	an Libertarian Gree	en Better for America	Constitution



New Mexico Information (Page 2 of 2)

Property Tax Rebate:	Yes No
Were you present in New Mexico for at least six months in 2022?	
Homeowner: Enter the property tax amount billed for the calendar year for the taxpayer if 65 or older	
Renter: Enter the rent paid for the taxpayer if 65 or older	
Amount of workers' compensation received	
Did you receive any supplemental income?	Yes No
Did you receive rent assistance from a government agency?	
Enter Any Additional New Mexico Information:	



New York Information (Page 1 of 2)

General Information:		
Resident county		
School district name		
School district code number		
	Taxpayer	Spouse
Driver's license document ID (if issued by NY)		
Did you make out of state, Internet or catalog purchases on which no sales tax was paid?	Yes	No
If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY		
Did you receive a property tax freeze credit?	Yes	No
If Yes, enter the amount Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and		_
Related Offenses, Corrupting the Government, or Defrauding the Government?	Yes	No
Permanent Home Address if Different from Mailing Address:		
Street		
Apartment number		
· · · · · · · · · · · · · · · · · · ·	•	
Foreign country		
Residency Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in New York state for all of 2022, enter the dates you did live in New York		
If you were not a resident of New York state for any of 2022, enter the number of days spent in the state		
Were you a part-year resident and received New York State income during nonresidency period?	Yes	No
If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse		
Do you still maintain these living quarters in New York?	Yes	No
Were New York State living quarters maintained for the entire year?	Yes	No
Were you a New York City resident for only part of the taxable year?	Yes	No
	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If Yes, enter the dates you did live in New York City		
Were you a Yonkers resident for only part of the taxable year?	Yes	No
	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If Yes, enter the dates you did live in Yonkers		
Did you live in a nursing home during 2022?	Yes	No
Did you reside in public housing or other residence completely exempted from real property taxes in 2022?	Yes	No





Education Savings:

	Number	Account Number	Contributed
			-
your refund to a New York	s 529 College Savings Pro	gram? [
Routing Number	Plan Code	Account Number	2022 Amount
Houting Number	Tium Couc	Addult Hamber	Contribute
		r Library Fund	
	Gifts to Fo	ood Banks Fund	
	Leukemia, I	Lymphoma, and Myeloma Fund .	
	New York S	State Campaign Finance Fund	
	Firearm Vio	olence Research Fund	
nd Family	Retired an	nd Rescued Thoroughbred	
	Race H	Horse Aftercare	
and			
	Educati	on, Research, and Preventation $ \ldots $	
	Routing Number e on your 2022 tax return to the second se	Routing Number Plan Code e on your 2022 tax return to: Love Your Lupus Fur Military Far CUNY Fur Home Del Life Pass Gift to the ALS Rese School-Bar Gifts to For Leukemia, New York S Firearm Vic	Routing Number Plan Code Account Number Love Your Library Fund Lupus Fund Military Family Fund CUNY Fund Home Delivered Meals for Seniors Life Pass It On Fund Gift to the Arts Fund ALS Research and Education School-Based Health Centers Gifts to Food Banks Fund Leukemia, Lymphoma, and Myeloma Fund New York State Campaign Finance Fund Firearm Violence Research Fund Retired and Rescued Thoroughbred Race Horse Aftercare Retired and Rescued Standardbred Race Horse Aftercare Gifts for the State Library System



Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

	Job #1	Job #2
	T/S	T/S
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked)		
Holidays (not worked)		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home Select state/city: NY, Yonkers or NY/Yonkers		
Coloct state, only. 141, Formore of 1417 Formore		
	Job #3	Job #4
	Job #3	Job #4
	Job #3 T/S	Job #4 T/S
Wagan namad		
Wages earned		
Total days employed if less than full year		
Total days employed if less than full year Saturdays and Sundays (not worked)		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked)		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation Other nonworking days		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation		





County of residence				
Enter the amount of Internet or out of state purchases for which y	ou did not nav sales tax			
Enter the unbount of internet of out of state paronasses for which y	od did not pay sales tax			
esidency Information:		payer		ouse
sacroy mornation.	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Y
If you did not live in North Carolina for all of 2022, enter the dates you did live in North Carolina				
Enter the state names other than North Carolina where you had income				
luntary Contributions:				
Enter the amount of your overpayment you wish to contribute on y N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund Breast and Cervical Cancer Control Program				
ter Any Additional North Carolina Information:				
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ter Any Additional North Carolina Information:				
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General Inforn	nation:			
School district	name	· · · · · · · · · · · · · · · · · · ·		
Residency Info	ormation:		Fro (Mo/D	
If you did not liv	ve in North Dakota for all of 2022, enter the da	ates you did live in North Dakot	a	
Enter the state	names other than North Dakota where you ha	nd income	· · ·	
Nonresident an	d part-year only:			
Enter the d	ate you first received North Dakota income		(Mo	/Da/Yr)
Did you or your	spouse make any contributions to a North Da	kota College SAVE account?	Yes	No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
Watchable \	nt you wish to contribute on your 2022 tax re			
Trees for No	orth Dakota Program Trust Fund			
Enter Any Add	litional North Dakota Information:			





	school district name	<u> </u>		
	ty of residence			
	the amount of internet of out of state purchases for winternet pays ales tax			
Reside	ncy Information:		Fro (Mo/D	
	did not live in Ohio for all of 2022, enter the dates you the state names other than Ohio where you had incom			
ducation	on Savings:			
529		ition Trust Authority CollegeAd		No
	es, enter the following:	Social Security		2022 Amount
TS	Name of Designated Beneficiary	Number	Account Number	Contributed
	ry Contributions: the amount you wish to contribute on your 2022 tax re	eturn to:		
Enter B	the amount you wish to contribute on your 2022 tax re			
Enter B	the amount you wish to contribute on your 2022 tax re			
Enter E V	the amount you wish to contribute on your 2022 tax re			
Enter E V	the amount you wish to contribute on your 2022 tax re reast / Cervical Cancer			
Enter E V W	the amount you wish to contribute on your 2022 tax re reast / Cervical Cancer //ishes for sick children			
Enter E V W M	the amount you wish to contribute on your 2022 tax re reast / Cervical Cancer /ishes for sick children /ildlife species illitary injury relief			
Enter E V W M	the amount you wish to contribute on your 2022 tax re reast / Cervical Cancer //ishes for sick children //ildlife species //ilitary injury relief			
Enter E V W M	the amount you wish to contribute on your 2022 tax re reast / Cervical Cancer //ishes for sick children //ildlife species //ilitary injury relief hio History fund atures preserves / Scenic rivers			
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Enter E V W M	the amount you wish to contribute on your 2022 tax re reast / Cervical Cancer //ishes for sick children //ildlife species //ilitary injury relief hio History fund atures preserves / Scenic rivers			





General Information:

	the amount of Internet or out of state purchases for w	hich you did not pay sales tax		
Resider	ncy Information:			From To (Mo/Da/Yr)
If you	did not live in Oklahoma for all of 2022, enter the date	s you did live in Oklahoma	· · · · · · · · · · · · · · · · · · ·	
Enter	the state names other than Oklahoma where you had	income		
ducatio	on Savings:			
Okla	or your spouse make any contributions to an Oklahor ahomaDream 529 account? es, enter the following:			No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
/olunta	ry Contributions:			
	the amount you wish to contribute from your 2022 tax	return refund to:		
P O S S	ublic School Classroom Support Fund klahoma Pet Overpopulation Fund upport the Oklahoma AIDS Care Fund upport Oklahoma Silver Haired Legislature and Alumni			
Enter A	Any Additional Oklahoma Information:			



Oregon Information (Page 1 of 2)

			Тахрау	er Spouse
eneral Information:			Yes	No Yes No
Do you qualify as disabled?				
If you are a retired U.S. Gove				
enter the payer's name ar	nd dates you worked for the	e U.S. Government.		
SJ	Payer'	s Name	From (Mo/Da/	
			(MO/Da/	(WO/Da/11)
esidency Information:			Froi (Mo/Da	
If you did not live in Oregon for	or all of 2022, optor the dat	os vou did livo in Orogon		
If you did not live in Oregon for Enter the state names other t				
lucation Savings:				
aucation Savings.			Yes	No
Did you or your spouse make	any contributions to a 529	Oregon College Savings Network	account?	
If Yes, enter the following:				
TS Name of Designated Beneficiary	Social Security Number	Portfolio Number	Account Number	2022 Amount Contributed
Deficitorially	Number			Continuated
oluntary Contributions:				
Enter the amount you wish to	contribute on your 2022 to	ax return to:		
American Red Cross		Alzhein	ner's Disease Research	
Oregon Historical Society		OR He	ad Start Association	
Child Abuse Prevention		Albertii	na Kerr Centers	
Habitat for Humanity		I	omestic and Sexual Violence	
Oregon Food Bank	L	OR Mil	itary Financial Assistance	
Other Charity (Choose up to	two of the following):			
American Diabetes Assoc	iation	Oregon	n Coast Aquarium	
SMART		SOLVE		
St. Vincent de Paul			ature Conservancy	
Doernbecher Children's H			Humane Society	
TI 0 I II A			Veteran's Home	
Planned Parenthood of O	R	LIONS		
Planned Parenthood of O Shriner's Hospital for Chile				
	dren	Specia	l Olympics Oregon	
Shriner's Hospital for Chile	dren	Specia Cascad	l Olympics Oregon	
Shriner's Hospital for Child Susan G. Komen for the C	dren Cure	Specia Cascad	I Olympics Oregon	
Shriner's Hospital for Chill Susan G. Komen for the Coregon Nongame Wildlife ALS Association	dren Cure	Specia Cascad Veterar	I Olympics Oregon	
Shriner's Hospital for Chile Susan G. Komen for the Coregon Nongame Wildlife ALS Association	contribute \$3.00 to a politi	Specia Cascac Veterar cal party, specify a party.	I Olympics Oregon de AIDS project ns Suicide Prevention	
Shriner's Hospital for Child Susan G. Komen for the Coregon Nongame Wildlife ALS Association	contribute \$3.00 to a politi	Specia Cascac Veterar cal party, specify a party. ratic Independent	I Olympics Oregon de AIDS project ns Suicide Prevention Libertarian	
Shriner's Hospital for Child Susan G. Komen for the Coregon Nongame Wildlife ALS Association	contribute \$3.00 to a politi	Specia Cascac Veterar cal party, specify a party. ratic Independent	I Olympics Oregon de AIDS project ns Suicide Prevention	
Shriner's Hospital for Child Susan G. Komen for the Coregon Nongame Wildlife ALS Association	contribute \$3.00 to a politi	Specia Cascac Veterar cal party, specify a party. ratic Independent Green Progressive	I Olympics Oregon de AIDS project ns Suicide Prevention Libertarian Working Families	





Enter Any Additional Oregon Information:



Pennsylvania Information (Page 1 of 2)

Gener	ral Information:	Taxpayer		Spouse
Dayt	time telephone number (including area code)			
Gam	nbling and lottery winnings			
Nam	ne of county			
Sch	ool district name			
1	Note: If your school district has changed, update the s	school district shown above.		
	er the amount of Internet or out of state purchases or services for which you did not pay sales tax			
Resid	lency Information:		Fro	
If yo	ou did not live in Pennsylvania for all of 2022, enter the da	ate you moved into or out of Pe	ennsylvania: (Mo/D	(Mo/Da/Yr)
Т	Taxpayer			
5	Spouse		· · · · · · · · · · · · · · · · · · ·	
Did y	vou or your spouse make any contributions to a Pennsylvother state's qualified tuition (Section 529) account? f Yes, enter the following:	vania 529 College Savings Prog		No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
Volun	tary Contributions:			
Ente	er the amount that you wish to contribute on your 2022 t	ax return to:	Taxpayer	Spouse
V N C J F F	PA Breast Cancer Coalition's Refunds for Breast and Cer Wild Resource Conservation Fund Military Family Relief Assistance Program Governor Robert P. Casey Memorial Organ and Tissue Do Juvenile (Type 1) Diabetes Cure Research Fund American Red Cross PA Children's Trust Fund Pediatric Cancer Research Fund Veterans' Trust Fund Pennsylvania 529 College Savings Program Account:	onation Awareness Trust Fund		
	TS Name of Designated Beneficiary	Social Security	Account Number	Donation Amount
		Number		



Pennsylvania Information (Page 2 of 2)

Sale of Residence Information:

If you sold your residence in 2022, enter the following Address	
City, state and ZIP code	
only, state and Em code	
Enter Any Additional Pennsylvania Inform	ation:



Rhode Island Information (Page 1 of 2)

General	Information:				
City or t	town of legal residence				
Residen	cy Information:			From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you di	id not live in Rhode Island for all of 2022, enter the dates y	you did live in Rhode Islan	d		
Enter th	ne state names other than Rhode Island where you had inc	come			
Consume	er Use Tax:				
Enter th	ne amount of Internet or out of state purchases for which y	ou did not pay Rhode Isla	nd sales tax		
Enter th	ne amount of use tax paid to another state				
•	or your spouse make any individual purchases over \$1,00 d sales tax?		•	Yes	No
If Yes	s, enter the following:				
	Description		Amou	ınt Sa	ales Tax Paid
Did you	n Savings: or your spouse make any contributions to a Tuition Savings, enter the following:	gs Program account? .		Yes	No
TS	Name of Designated Beneficiary	Social Security Number	Account Numbe		022 Amount Contributed
Voluntar	y Contributions:				
Enter th	ne amount you wish to contribute on your 2022 tax return	to:			
	Program Account				
-	n Transplant Fund				
	game Wildlife Appropriation				
Child	hood Disease Victim's Fund and Substance Use and Men				
Milita	ary Family Relief Fund				
Do you	want to contribute to the Olympics?			Yes	No
lf you w	rish to contribute \$2.00 to a political party, specify a party	or select to contribute to	the nonpartisan general	l fund.	
	Democrat Republican	Moderate No	npartisan		





Enter Any Addit	tional Rhode Island	d Information:		



South Carolina Information



General Information:				
County				
Enter the amount of Internet or out or	state purchases for whi	ch vou did not pav sales ta	ax	
	orare pareriaces for min	o., you ala liot pay calco to		
Did you or your spouse serve in a mil				Yes No
If Yes, enter the name of the comb	at zone			
Residency Information:				From To (Mo/Da/Yr)
If you did not live in South Carolina for Enter the state names other than Sou				
Education Savings:				
Did you or your spouse make any con Carolina Tuition Prepayment Progral If Yes, enter the following:				Yes No
TS Name of Designar	ed Beneficiary	Social Security Number	Account Numb	er 2022 Amount Contributed
Eldercare Trust Fund	rust Fund st Fund st Fund	Litter K-12 I State Militar Conse Finan Assoc	Control Enforcement Prog Public Education Fund Parks Fund ry Family Relief Fund ervation Bank Trust Fund cial Literacy Trust Fund ciation of Habitat Affiliates rtment of Natural Resource rtment of Archives and His	es Fund
Classroom Teacher Expenses	Credit:			
Amount spent on teacher supplies ar	nd materials			
Amount reimbursed from school or d	strict			
Enter Any Additional South Ca	rolina Information:			





l Information:				
are a member of an Indian nation or tribe, enter the	name of the			
Canada				
and the section of th				
_				-
Sp3333				-
the amount of Internet or out of state purchases for	which you did not			
ay sales tax				
ncy Information:			(1)	From To Mo/Da/Yr) (Mo/Da/Yr
			(10	(WO/Da/11)
did not live in Utah for all of 2022, enter the dates y			· · · · · · · · · · · · · · · · · · ·	
the state names other than Utah where you had inc	ome		•	
on Savings:				
_			Yes	No
u or your spouse make any contributions to a my529 es, include all Forms TC-675H and enter the followin				
Name of Designated Beneficiary	Social Sec Numbe		Account Number	2022 Amount Contributed
om. Contributions				
ary Contributions:				
the amount you wish to contribute on your 2022 tax				
amela Atkinson Homeless Account				
ırt Oscarson Children's Organ Transplant Account hool District and Nonprofit School District Foundati	on			
Name of School District				
ean Air Fund				
overnor's Suicide Prevention Fund				
or your spouse wish to contribute to the Election Ca	ampaign Fund, please sp	ecify a part	ry:	
xpayer: Democratic Republican United Utah	Constitution	Libertaria	n Independent Ar	nerican
Democratic Republican United Utah	Constitution	Libertaria	n Independent Ar	nerican
Any Additional Utah Information:				



Vermont Information (Page 1 of 4)

911 street address at end of 2022, if different than mailing addre			
School district name			
Enter the amount of Internet or out of state purchases for which	you did not pay sales tax		
Did you and your spouse have full-year health care coverage?		er Spouse No Yes No	
Residency Information:		Fro (Mo/D	
If you did not live in Vermont for all of 2022, enter the dates you Enter the Canadian provinces or state names other than Vermon			(110724117
Education Savings:			No
Did you or your spouse make any contributions to a Vermont Hig If Yes, enter the following:	her Education Investment P		
TS Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2022 tax return Vormont Noncomo Wildlife Fund			
Vermont Nongame Wildlife Fund Vermont Children's Trust Fund Vermont Veterans' Fund Green Up Vermont Fund			
Vermont Children's Trust Fund Vermont Veterans' Fund			
Vermont Children's Trust Fund Vermont Veterans' Fund Green Up Vermont Fund Payments: If you sold real estate in Vermont and the buyer withheld Vermor withheld and include Form RW-171 2022 nonresident estimated payments made on your behalf by a	nt income tax, enter the amo	ount	
Vermont Children's Trust Fund Vermont Veterans' Fund Green Up Vermont Fund Payments: If you sold real estate in Vermont and the buyer withheld Vermor withheld and include Form RW-171 2022 nonresident estimated payments made on your behalf by a company, or S corporation. Include Schedule K-1VT	nt income tax, enter the amo	ount	
Vermont Children's Trust Fund Vermont Veterans' Fund Green Up Vermont Fund Payments: If you sold real estate in Vermont and the buyer withheld Vermor withheld and include Form RW-171 2022 nonresident estimated payments made on your behalf by a	nt income tax, enter the amo	bunt	



Vermont Information (Page 2 of 4)

Tax Credits:

Charitable Housing Credit			
0 15 10 1 (M 15 11			
Qualified Sale of Mobile Home Park Credit			
Research & Development Credit			
Research & Development Credit			
Affordable Housing Credit			
Andreadic riousing dream			
Rehabilitation of Certified Historic Buildings Credit			
Historic Rehabilitation Credit			
Facade Improvement Credit			
Code Improvements Credit			
Entrepreneur's Seed Capital Fund Credit			
Household Income Information:			
Household Income Information:		ot.	
		nt.	
Household Income Information:		nt. Spouse	All Others
Household Income Information:	or Property Tax Adjustmer		All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from:	or Property Tax Adjustmer		All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare	or Property Tax Adjustmer		All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits	or Property Tax Adjustmer		All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation	or Property Tax Adjustmer		All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits	or Property Tax Adjustmer		All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of the second seco	or Property Tax Adjustmer		All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of the second seco	or Property Tax Adjustmer		All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent	or Property Tax Adjustmer	Spouse	All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of the Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support	r Property Tax Adjustmer Taxpayer	Spouse	All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support Name of person paid	r Property Tax Adjustmer Taxpayer	Spouse	All Others
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support Name of person paid	Taxpayer	Spouse	Social Security
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support Name of person paid Social security number of person paid	Taxpayer	Spouse	
Household Income Information: Enter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support Name of person paid	Taxpayer	Spouse	Social Security





Homestead Declaration Information:	
Location of homestead if not current address	
SPAN (School Property Account Number) Percent of business use of dwelling	
Percent of rental use of dwelling	%
Are improvements of other buildings located on your parcel, other than the dwelling used for business or rented out? Are you the grantor and sole beneficiary of a revocable trust owning the property? Are you the life estate holder of the property? Are you the owner of homestead property crossing town boundaries? Are you residing in a dwelling owned by a related farmer?	
Property Tax Adjustment Information:	
Enclose a copy of your property tax bill and/or Lister's Certific Enclose statement of school property tax allocable to your house.	omestead from your land trust, cooperative or non-profit mobile home park.
Were you domiciled in VT all year? Do you anticipate selling your housesite on or before April 1, 2023?	
From 2022/2023 property tax bill:	
Housesite value Housesite education tax Housesite municipal tax	
Percent of ownership interest if not 100%	
Mobile home lot rent from Form LRC-147	
Allocated property tax from land trust, cooperative, or non-profit n	nobile home park from Form LRC-147:
Allocated education tax Allocated municipal tax	
Property tax from contiguous property if housesite has less than 2	2 acres:
Contiguous property education tax Contiguous property municipal tax	





Form RCC-146 Information:
SPAN (School Property Account Number)
Number of months rented
Physical address of rental on 12/31:
Street address
Apartment number/Unit
City
State
ZIP
County
Was the rental unit shared with another adult?
Was the rent subsidized
Enter Any Additional Vermont Information:





General Information: City or county of residence on January 1, 2023: Spouse **Taxpayer Spouse** Enter the amount of Internet or out of state purchases for which you did not pay **Taxpayer Spouse Residency Information:** (Mo/Da/Yr) (Mo/Da/Yr) (Mo/Da/Yr) (Mo/Da/Yr) If you did not live in Virginia for all of 2022, enter the dates you did live in Virginia Enter the state names other than Virginia where you had income **Education Savings:** Yes No Did you or your spouse make any contributions to a Virginia College Savings Plan account? If Yes, enter the following: **Social Security** 2022 Amount TS Name of Designated Beneficiary Type of Plan **Account Number** Number Contributed **Voluntary Contributions:** Taxpayer **Spouse** Enter the amount you wish to contribute on your 2022 tax return to: Virginia Nongame Wildlife Program Virginia Democratic Party political contribution Virginia Republican Party political contribution Virginia Housing Program Elderly and Disabled Transportation Fund Open Space Recreation and Conservation Fund Chesapeake Bay Restoration Fund Family and Children's Trust Fund (FACT) Virginia State Forests Fund Spay and Neuter Fund Cancer Centers of Virginia Children of America Finding Hope Virginia Military Family Relief Fund Federation of Virginia Food Banks Public School Foundation Contribution Foundation name(s) Foundation name(s)





Enter Any Additional Virginia Information:



West Virginia Information (Page 1 of 2)

	eral Information:					
Co	ounty of residence					
	,					
Do	o you qualify as permanently and totally disabled	1?		Yes	No	
	Taxpayer					
Con	sumer Use Tax:					
_			allal and an annual and an annual			
	nter the amount of Internet or out of state purcha					
	nter the amount of use tax paid to another state					
	nter the amount of purchase subject to municipa					
	nter the amount of use tax paid to another munic					
Er	nter the name of the municipality to which use ta	ix was paid				
Resi	idency Information:				From (Mo/Da/	
lf v	you did not live in West Virginia for all of 2022, e	nter the dates you			(11107 2 47	(Me/Da/11)
" :	-	•				
En	did live in West Virginia nter the state names other than West Virginia wh					
	ter the state names other than woot virginia wi	ioro you riad irroon				
TS	If Yes, enter the following: Name of Designated Beneficia	ary	Social Security Number	Account Num	nber	2022 Amount Contributed
			Number			Contributed
	Intary Contributions: Inter the amount you wish to contribute on your 2 Children's Trust Fund Department of Veterans Assistance C. Donel C. Kinnard Memorial State Veterans 6					
Гах	Credits:					
	Credits: on-family adoption credit		Historic re	habilitated buildings ir	nvestment	
No				habilitated buildings ir		
No Ge	on-family adoption credit		credit	•		
No Ge	on-family adoption credit eneral economic opportunity tax credit est Virginia environmental agricultural		credit Qualified r	ehabilitated buildings		
No Ge W	on-family adoption credit		credit Qualified r investr			
No Ge W	on-family adoption credit eneral economic opportunity tax credit est Virginia environmental agricultural equipment credit		credit Qualified r investr Natural ga	rehabilitated buildings		
No Ge W	on-family adoption credit eneral economic opportunity tax credit est Virginia environmental agricultural equipment credit est Virginia military incentive credit		credit Qualified r investr Natural ga Apprentic	rehabilitated buildings nent credit is liquids		
No Ge W Ne Ne	on-family adoption credit eneral economic opportunity tax credit est Virginia environmental agricultural equipment credit est Virginia military incentive credit eighborhood investment program credit		credit Qualified r investr Natural ga Apprentic Alternative	rehabilitated buildings ment credit se liquids eship training tax cred		
No Ge W Ne Ne	con-family adoption credit eneral economic opportunity tax credit est Virginia environmental agricultural equipment credit est Virginia military incentive credit eighborhood investment program credit ost coal mine site business credit		credit Qualified r investr Natural ga Apprentic Alternative Farm to fo	rehabilitated buildings ment credit as liquids eship training tax cred e-fuel tax credit		





Senior Citizens Tax Credit for Property Tax Paid Information:

	Senior Citizen tax credit for property tax
	District
	District
	Map
	Parcel
	Cub Parent
	Sub-Parcel
	PP Account
Phys	sician's Certification of Permanent and Total Disability:
	Did you file a physician's certification in prior years? Yes No
	Physician's name
	Physician's address
	· · · · · · · · · · · · · · · · · · ·
	Physician's city, state, ZIP or postal code, and country
	Physician's FEIN
Enta	w Any Additional West Vivsinia Information
Ente	er Any Additional West Virginia Information:



Wisconsin Information (Page 1 of 2)

General I	nformation:				
Enter the	e following information pertaining to where you live:				
City					
Villag	e				
Towr	٠				
Cour	ıty	<u></u>			
Scho	ol district number				
	entered nursing home				
Name	e of nursing home				
Enter the	e amount of adoption fees, court costs, and legal fees	relating to the adoption of a	child		
Enter the	e amount of human organ donation expenses relating	to the donation of a human o	rgan		
Enter the	e amount of Internet or out of state purchases for which	ch you did not pay sales tax			
Amount	of rent paid on your primary residence during 2022:				
To a	landlord who paid for heat				
To a					
Residence	ey Information:			From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you die	d not live in Wisconsin for all of 2022, enter the dates	you did live in Wisconsin .			
Are you	a former resident moving back to Wisconsin?			Yes	No
TS Tes	enter the following: Name of Designated Beneficiary	Social Security Number	Account Num	ıber	2022 Amount Contributed
	/ Contributions:			,	
	e amount you wish to contribute on your 2022 tax retu	urn to:			
	er Research				
	rans Trust Fund				
	ple Sclerosis				
	ry Family Relief				
Red	Cross WI Disaster Relief				
Spec	ial Olympics				
Homeste	ad Information:				Yes No
Was vou	r home used for nonhomestead or nonfarm purposes	during the year?			
	ome part of a farm?				
•	, enter the number of acres your home is located on (t				
	ny months during 2022 did you receive a Wisconsin V				
	ce job or a transitional placement or county relief of \$				
22. 11	,,,,,,,,,,,,				



Wisconsin Information (Page 2 of 2)

Medical Care Insurance
Enter the amount of medical care insurance you paid when you were not self-employed
If you were only employed for a partial year, enter number of weeks employed
r the amount of medical care insurance you paid when you were not self-employed





General Information:

Taxpayer				
Spouse				
Residency Information: From To From (Mo/Da/Yr) (Mo/Da/Yr) (Mo/Da/Yr)			Spouse	
	To (Mo/Da/\			
f you did not work in Kansas City for all of 2022, enter the dates you did work in Kansas City				
siness Information:				
Enter the physical address of the business:				
Taxpayer				
Spouse				
Spouse				
Spouse				
Spouse f you are no longer in business, enter the date the business closed:				
Spouse f you are no longer in business, enter the date the business closed: Taxpayer (Mo/Da/Yr)				
Spouse				
Spouse f you are no longer in business, enter the date the business closed: Taxpayer (Mo/Da/Yr)				
Spouse				
Spouse				
Spouse				
Spouse				
Spouse				
Spouse				



Michigan Cities Information (Page 1 of 2)

General Information:			
Name of city			
Township			
Other township			
Provide your present employer's:			
Name			
Address			
Provide your spouse's present employer's:			
Name			
Address			
Taxpayer S Yes No Yes	pouse		
Do you qualify as deaf?			
Do you qualify as disabled?			
Residency Information:	Y	es No	
Did you reside in this city for all of 2022?			
		From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not reside in this city for all of 2022, enter the dates you did reside in this city .	· · · · · · · · · -		
Former address			
Wages Earned in Other Cities:			
Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City





Voluntary Contributions:

City of Albion	
City of Battle Creek	
United Way of Battle Creek Kalamazoo Region	
Battle Creek Charity of Choice *	
Big Rapids Community Pool	
Big Rapids Community Library	
Flint Indigent Water Fund	
American Flags for Veterans Graves in Grand Rapids	
Grand Rapids Children's Fund	
City of Hamtramck	
lonia Community Library	
onia Theater Ionia Youth Recreation Program	
Jackson Parks and Recreation Fund Lansing Police Problem Solving	
Lansing Hope Scholarship	
Lansing Homeless Assistance	
Muskegon Lakeshore Trail Improvements	
Muskegon Heights Street Improvements	
City of Pontiac	
Saginaw Annual Fireworks	
Walker Comstock Park Education Foundation	
Walker Grandville Education Foundation	
Walker Kenowa Hills Education Foundation	
Grayling Capital Improvement Fund	
Grayling Northern Market	
Grayling Main Street	
City of Benton Harbor	
East Lansing Parks, Stewardship & Conservation	
East Lansing Parks and Playgrounds	
East Lansing Recreational Youth Scholarships	
Muskegon Farmers Market	
Muskegon Dog Beach	
City of Port Huron	
* Include the legal name, address, and federal ID number of the chosen charity.	-
	Yes No
you wish to donate your entire overpayment to the City of Springfield?	
, , , , , , , , , , , , , , , , , , , ,	
Any Additional Michigan Cities Information:	



New York City UBT Information

Business name
Street address
City and state
ZIP code
Foreign country
Nature of business or profession
Business telephone number (including area code)
Federal identification number
New York State sales tax identification number
Business email address
Did you file a 2020 New York City Unincorporated Business Tax return?
Did you file a 2021 New York City Unincorporated Business Tax return?
If you did not file prior year(s) New York City Unincorporated Business Tax return(s), state reason:
Date business began (Mo/Da/Yr)
If business terminated during 2022, enter the termination date
If business terminated during 2022, enter the termination date





General Information:

Daytime telephone number (including area code) 1 you moved during 2022, enter the date you moved during 2022, enter the date you moved (Mo/Da/Yr) Faxpayer's account number Faxpayer's account number Faxpayer's account type 2021 filing address Yes Are you an employee? Did you file a return for 2021? Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? s your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. s this your final return? If Yes, why? Ster Any Additional Ohio City Information:	lame of city	_	
you moved (Mo/Da/Yr) Principal business activity Taxpayer's account number Taxpayer's account type 2021 filing address Are you an employee? Are you a proprietor? Did you file a return for 2021? Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? s your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. s this your final return? If Yes, why?	Daytime telephone number (including area code)		
Taxpayer's account type 2021 filing address Are you an employee? Are you a proprietor? Did you file a return for 2021? If Yes, did you file an amended city return? s your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. If Yes, why?			
Taxpayer's account type 2021 filing address Are you an employee? Are you a proprietor? Did you file a return for 2021? Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? s your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. s this your final return? If Yes, why?	Principal business activity	_	
Are you an employee? Are you a proprietor? Did you file a return for 2021? Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? If you city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. If Yes, why?	axpayer's account number		
Are you an employee? Are you a proprietor? Did you file a return for 2021? Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? s your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. s this your final return? If Yes, why?	axpayer's account type	_	
Are you an employee? Are you a proprietor? Did you file a return for 2021? Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? If your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. If Yes, why? If Yes, why?	021 filing address		
Are you a proprietor? Did you file a return for 2021? Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? If your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. If Yes, why?		H	
Did you file a return for 2021? Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? Is your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. If Yes, why?	re you an employee?		
Did the IRS increase your tax liability for any prior year? If Yes, did you file an amended city return? s your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. s this your final return? If Yes, why?	re you a proprietor?		
If Yes, did you file an amended city return? s your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. s this your final return? If Yes, why?	olid you file a return for 2021?		
s your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. s this your final return? If Yes, why?	old the IRS increase your tax liability for any prior year?		
Note: Include any dates you earned income in any city for any employer or business below. s this your final return? If Yes, why?	If Yes, did you file an amended city return?		
If Yes, why?			
	s this your final return?		
ter Any Additional Ohio City Information:	If Yes, why?		
er Any Additional Onio City Information:	Note: Include any dates you earned income in any city for any employer or business below. this your final return? If Yes, why?		
	er Any Additional Onlo City Information.		