GENERAL INFORMATION

General: 1040		Personal	Information		
Filing (Marital) status coo Mark if you were married			parate, 4 = Head of household, ! ark if your nonresident Taxpayer		
Social security number			. ,		,
First name					_
Last name					
Occupation					
Designate \$3.00 to the pr	residential election car	npaign fund? (1 = Yes, 2	= No, 3=Blank)		
Mark if legally blind			· · · · —		
Mark if dependent of and	other taxpayer				
Taxpayer between 19 and	d 23, full-time student,	, with income less tha	n 1/2 support? (Y, N)		
Date of birth					
Date of death					
Work/daytime telephone	e number/ext number				
Do you authorize us to di	iscuss your return with	the IRS (Y, N)	_		
General: 1040, Contact		Present M	ailing Address		
Address					
Apartment number		_			
City/State postal code/Zi	n code				
Foreign country name	pedac	_			
Foreign phone number					_
Home/evening telephone	e number				
Taxpayer email address				•	
Spouse email address					
General: 1040		Denenden	t Information		
		Dependen			
First Name	Last Name	Date of Birth	Social Security No.	Relationship	Care Months expenses in paid for home dependent
Credits: 2441		Child and Dene	ndent Care Expens		
		Cilia and Deper			
Provider information: Business name					
First and Last name					
Street address		-			
City, state, and zip code	ے				
Social security number		ation number			-
Tax Exempt or Living Al					
Amount paid to care pr	_	7 TIGET (1 - 12, 2 - EATET)			_
Annount para to care pr	011del 111 2023			Taxpayer	Spouse
Employer-provided depe	ndent care benefits th	at were forfeited			
NOTES/QUESTIONS	·•				
140112/QUESTIONS	,				

		W-2/1099	-R/K-1/W-2G/1099-Q
Income: W2	Salary and Wages		
Below is a lis	Please provide all copies of Form W-2 that your st of the Form(s) W-2 as reported in last year's tax return. If a particul	ou receive. ar W-2 no longer app	lies, mark the not applicable box.
T/S	Description	Prior Year Information	Mark if no longer applicable
			_
			_
Retirement: 1099R	Pension, IRA, and Annuity Distrib	outions	
Relow is a list o	Please provide all copies of Form 1099-R that of the Form(s) 1099-R as reported in last year's tax return. If a particul	you receive. ar 1099-R no longer a	annlies mark the not annlicable b
T/S	Description	Prior Year Information	Mark if no longer applicable
			_
			_
Income: K1, K1T	Schedules K-1		
	Please provide all copies of Schedule K-1 that	you receive.	
Below is a list	t of the Schedule(s) K-1 as reported in last year's tax return. If a partic	ular K-1 no longer apı	plies, mark the not applicable box Mark if no longer
T/S/J 	Description	Form	applicable
			<u> </u>
			_
Income: W2G	Gambling Income		
Below is a list	Please provide all copies of Form W-2G that y of the Form(s) W-2G as reported in last year's tax return. If a particul	ou receive. ar W-2G no longer ap	pplies, mark the not applicable bo
T/S	Description	Prior Year Information	Mark if no longer applicable
			<u> </u>
Educate: 1099Q	Qualified Education Plan Distrib	utions	
Below is a list o	Please provide all copies of Form 1099-Q that of the Form(s) 1099-Q as reported in last year's tax return. If a particul	you receive. ar 1099-Q no longer a	applies, mark the not applicable b
т/ѕ	Description	Prior Year Information	Mark if no longer applicable

NOTES/QUESTIONS:

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
	_		
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INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B	1	In	nterest Income				
	Please provide all copies of	Form 1	099-INT or other sta	itements reporting	interest i	ncome.	
T/S/J	Payer	Name			Intere Incon		Prior Year Information
Income: B	Selle	er Fina	anced Mortgage	Interest			
T, S, J	_ ′			Payer's social secu	ırity numb	er	
	's address, city, state, zip code unt received in 2023			Amount received	 in 2022		
Income: B	2		ividend Income				
	Please provide copies of all I			tements reporting	dividend	income.	
	·	· · · · ·		Ordinary	Quali	fied	Prior Year
T/S/J	Payer Name			Dividends	Divide	ends	Information
_							
Income: D	Sales of Stocks,	Secu	rities, and Othe	r Investment P	roperty		
	Please prov	vide co	pies of all Forms 109	99-B and 1099-S.			
T/S/J	Description of Property		Date Acquired		Gross Sale (Less expense		Cost or Other Basis
Income: Ir	ncome		Other Income				
	Please prov		ies of all supporting	documentation			
		iac cop	nes of an supporting	2023 Infor	mation	Prior '	ear Information
State	and local income tax refunds						
		T/S	Agreement Date	2023 Infor	mation	Prior `	ear Information
Alimo	ony received	—					
			Taxpayer	Spouse	9	Prior '	ear Information
	nployment compensation nployment compensation repaid						
Socia	security benefits						
	care premiums to be reported on Schedule A pad retirement benefits						
T/S				2023 Infor	mation	Prior `	ear Information
• - •	Other Income:						
			_				
			Lite-3 II	NTEREST/DIVIDEN	DS/CAPITA	AL GAINS	S/OTHER INCOME

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

					Taxpayer	Spouse
		A Contributions 1				
•			aximum allowable traditional IRA	•		
			1 = Deductible only, 2 = Both deductible and n	ondeductible)		
			ontributions made for use in 2023			
		tributions for 202				
	-		the maximum Roth IRA contribution	on		
nter	the tota	ii Roth IRA contrib	outions made for use in 2023			
Educa	te: Educat	te2	Higher Education	on Deductions and/o	or Credits	
	<u> </u>	manloto this south	<u> </u>			usation averages for you
	Co	impiete tilis section	on if you paid interest on a qualifi your spouse, or a person who w	as your dependent when	you took out the loan	
T/S			Qualified student loan interest pa	aid 2	2023 Information	Prior Year Information
_	_					
		ified education e	ete this section if you paid qualifi xpenses include tuition and fees r Please provid		r attendance at an elig	gible educational institutior
T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Na	ame Qualified I	Prior Year Expenses Information
The recog	studen	t qualifies for the	e Code: 1 = American opportunity American opportunity credit who t completed the first 4 years of po	en enrolled at least half-t	ime in a program lead	ing to a degree, certificate,
1040 /	Adj: 3903		Job Relat	ted Moving Expense	S	
		Con	nplete this section if you moved t	o a now home due to ser	vice in the armed force	ns.
) occri	ption of		iipiete tiiis section ii you moveu t	o a new nome due to ser	vice in the armed force	cs.
	-	use/Joint (T, S, J)		-		
			rvice in the armed forces			
lumb	er of mi	iles from old home	e to new workplace			_
			e to old workplace			
			States or its possessions			
		n and storage exp	•			_
		dging (not includin				
		reimbursed for m				
1040 /	Adj: Other	Adj	Other Ad	justments to Incom	e	
	ony Pai					
T/S	S Da	ite*	Recipient name	Recipient SSN	2023 Information	Prior Year Information
Stre	– —— et addr	ess ———			<u> </u>	_
City	, State a	and Zip code				
*Ente	r the divo	rce/separation agreeme	ent date			
				Taxpayer	Spouse	Prior Year Information
Educ	ator ex	penses:				
_						
Othe	er adjus	tments:				
_						
					Lite-4	ADJUSTMENTS/EDUCATE

Itemized	: A1 Medical an	d Dental Expen	ses	TIENIIZED DEDUCTIONS
T/S/J - - - - -	Medical and dental expenses Medical insurance premiums you paid*** Long-term care premiums you paid*** Prescription medicines and drugs Miles driven for medical items (22 cents) ***Do not include pre-tax amounts paid by an employer-sponsored plan, and the pre-tax amounts paid by an employer-sponsored plan amounts paid by an employer-sponsored plan, and the pre-tax amounts paid by an employer-sponsored plan am		2023 Information	Prior Year Information re premiums entered on Form Lite-3
Itemized	Tax	Expenses		
T/S/J	State/local income taxes paid 2022 state and local income taxes paid in 2023 Sales tax paid on actual expenses Real estate taxes paid Personal property taxes Other taxes		2023 Information	Prior Year Information
Itemized	: A2 Intere	st Expenses		
T/S/J	Home mortgage interest From Form 1098		2023 Information	Prior Year Information
T/S/J	Other home mortgage interest paid to individuals: Payee's Name	SSN or EIN	2023 Information	Prior Year Information
_	Address		City	State Zip Code
T/S/J Recip Tota Date	Investment interest expense, other than on Sch K-1s: ncing Information: Refinance #1 Dient/Lender name I points paid at time of refinance of refinance of new loan (in months)		2023 Information Refinance	Prior Year Information ce #2
Repo	orted on Form 1098 in 2023			
	Charitabl	e Contributions		
T/S/J _ _ _	Contributions made by cash or check Volunteer miles driven Noncash items, such as: Goodwill, Salvation Army		2023 Information	Prior Year Information
Itemized	: A3, A-St Miscellan	eous Deduction	ıs	
T/S/J _ _	Other expenses		2023 Information	Prior Year Information
T/S/J - - -	***STATE USE ONLY - Complete the following field Unreimbursed expenses*** Union dues, other than amounts reported on Form W-2*** Tax preparation fees*** Other expenses, subject to 2% AGI limitation***:		2023 Information	CA, HI, MN, NY or PA Prior Year Information ————————————————————————————————————
_ _ _	Safe deposit box rental*** Investment expenses, other than on Schedule(s) K-1 or Form	m(s) 1099-DIV/INT**	** Lite-5	ITEMIZED DEDUCTIONS

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. Primary account: Financial institution routing transit number Name of financial institution Your account number Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)
Secondary account #1: Financial institution routing transit number Name of financial institution Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)
Secondary account #2: Financial institution routing transit number Name of financial institution Your account number Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar *Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the	or Percent (xxx.xx)bank or financial institution.
Electronic Filing: ID Auth Identity Authentication	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification n Identification number Issue date Expiration date Location of issuance Document number (New York only)	ot provided)
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification n Identification number Issue date Expiration date Location of issuance	ot provided)
Document number (New York only)	

NOTES/QUESTIONS: