

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [20]

Mobile telephone number _____ [12] _____ [21]

Mobile telephone #2 number _____ [13] _____ [22]

Pager number _____ [14] _____ [23]

Other: _____ [15] _____ [24]

 Telephone number _____ [16] _____ [25]

 Extension _____ [17] _____ [26]

Preferred method of contact: _____ [18] _____ [27]

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [27]

NOTES/QUESTIONS:

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 Note that electronic funds will be withdrawn only from the primary account listed below.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. _____ [1]

Primary account:

Financial institution routing transit number _____ [3]
 Name of financial institution _____ [4]
 Your account number _____ [5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [9]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [10]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #1:

Financial institution routing transit number _____ [27]
 Name of financial institution _____ [28]
 Your account number _____ [29]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [30]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [31]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [32]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #2:

Financial institution routing transit number _____ [33]
 Name of financial institution _____ [34]
 Your account number _____ [35]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [36]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [37]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [38]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [40] _____ [41]
 Co-owner or beneficiary (First Last) _____ [42] _____ [43]
 Mark if the name listed above is a beneficiary _____ [44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [23] or Percent (xxx.xx) _____ [24]
 Owner's name (First Last) _____ [45] _____ [46]
 Co-owner or beneficiary (First Last) _____ [47] _____ [48]
 Mark if the name listed above is a beneficiary _____ [49]

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [3]
Issue date _____ [4]
Expiration date (mm/dd/yyyy) _____ [5]
Location of issuance (State issued only) _____ [6]
Document number (New York only) _____ [7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [10]
Identification number _____ [12]
Issue date _____ [13]
Expiration date (mm/dd/yyyy) _____ [14]
Location of issuance (State issued only) _____ [15]
Document number (New York only) _____ [16]

NOTES/QUESTIONS:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2023 estimated tax liability _____ [53]

Do you expect a considerable change in your 2023 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2023? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2023? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/22	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/22	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/17/23	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2021 return + _____ [3]

2021 overpayment applied to '22 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	_____
2nd quarter payment _____ [11]	+ _____ [12]	_____
3rd quarter payment _____ [13]	+ _____ [14]	_____
4th quarter payment _____ [15]	+ _____ [16]	_____
Additional payment _____ [17]	+ _____ [18]	_____

2022 City Estimated Tax Payments

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2021 return + _____ [31]		Amount paid with 2021 return + _____ [53]	
2021 overpayment applied to '22 estimates + _____ [32]		2021 overpayment applied to '22 estimates + _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment _____	_____
2nd quarter payment _____	_____
3rd quarter payment _____	_____
4th quarter payment _____	_____

Calculated Amount

1st quarter payment _____	_____
2nd quarter payment _____	_____
3rd quarter payment _____	_____
4th quarter payment _____	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2021 return + _____ [75]		Amount paid with 2021 return + _____ [97]	
2021 overpayment applied to '22 estimates + _____ [76]		2021 overpayment applied to '22 estimates + _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment _____	_____
2nd quarter payment _____	_____
3rd quarter payment _____	_____
4th quarter payment _____	_____

Calculated Amount

1st quarter payment _____	_____
2nd quarter payment _____	_____
3rd quarter payment _____	_____
4th quarter payment _____	_____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J Code	Type Code (**See codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1 Payer							
	Amounts	+						
	2 Payer							
	Amounts	+						
	3 Payer							
	Amounts	+						
	4 Payer							
	Amounts	+						
	5 Payer							
	Amounts	+						
	6 Payer							
	Amounts	+						
	7 Payer							
	Amounts	+						
	8 Payer							
	Amounts	+						
	9 Payer							
	Amounts	+						
	10 Payer							
	Amounts	+						

**Interest Codes
 Blank = Regular Interest
 3 = Nominee Distribution
 4 = Accrued Interest
 5 = OID Adjustment
 6 = ABP Adjustment
 7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income. *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Payer	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		Payer											
		Amounts	+										
		Payer											
		Amounts	+										
		Payer											
		Amounts	+										
		Payer											
		Amounts	+										
		Payer											
		Amounts	+										
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		Amounts	+										
		Payer											
		Amounts	+										
		Payer											
		Amounts	+										
		Payer											
		Amounts	+										
		Payer											
		Amounts	+										

**Dividend Codes
Blank = Other 3 = Nominee

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
State postal code _____ [3]

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums + _____ [7]
Prescription drug (Part D) premiums + _____ [9]
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5) + _____ [12]
Voluntary Federal Income Tax Withheld (Box 6) + _____ [14]

Prior Year Information table with shaded area for data entry.

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:
Portion of Tier 1 Paid in 2022 (Box 5) + _____ [22]
Federal Income Tax Withheld (Box 10) + _____ [25]
Medicare Premium Total (Box 11) + _____ [27]

Prior Year Information table with shaded area for data entry.

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

Five horizontal lines for additional information with labels [40] through [44] on the right.

NOTES/QUESTIONS: