Form ID: 1040	Persor	nal Information	ì		1
Filing (Marital) status code (1 = Single, 2 = Married filin	g joint, 3 = Married filing s	separate, 4 = Head of hous	sehold, 5 = Qualifying surviving spo	ouse)	[1]
Mark if you were married but living apart all yea	ır				[2]
Mark if your nonresident alien spouse does not	have an Individual ⁻	Faxpayer Identificat	tion Number (ITIN)		[3]
		Taxpayer		Spouse	
Social security number			_[4]		[5]
First name					[7] [9]
Last name			[8]		[9] [11]
Occupation Designate \$3.00 to the presidential election can	anaign fund2 /1 = Vac		_[10] [12]		[14]
Mark if dependent of another taxpayer	ipaign runu: (1 = res,		_(15)		[16]
Taxpayer with income less than 1/2 support age	18 or 19 - 23 full-ti	***************************************	- * -		
Mark if legally blind			[20]	•	[21]
Date of birth			_ _[22]		[24]
Date of death	-		_[26]		[27]
Work/daytime telephone number/ext number		[28]	_[29]	(30]	[31]
Home/evening telephone number			_[32]		[33]
Do you authorize us to discuss your return with	the IRS? (Y, N)		_[34]		
	Present	: Mailing Addre	ess		
Address			/		[40]
Apartment number					[41]
City, state postal code, zip code			[42]	[43]	[44]
Foreign country name	***************************************				[46]
Foreign phone number					[49]
In care of addressee		-			[51]
	Depend	lent Informatio	on		
/*DI	-	ndent Codes locate			Care
(11)	ase refer to beper	nacin dodes issue		Months**Dep in Codes	expenses paid for
First Name(52) Last Name	Date of Birth	Social Security N	No. Relationship	home * **	dependent
		_			
1					
		-			
Name of child who lived with you but is not you	r dependent				[53]
Social security number of qualifying person	·				[54]
	Do	endent Codes			
*Basic 1 = Child who lived with you	Del		= Student (Age 19 - 23)		
2 = Child who did not live with	you due to divorce		= Disabled dependent		
3 = Other dependent	you due to divorc	• •	Dependent who is both	a student and disa	bled
4 = Other dependents, but do	not qualify for Cre				
5 = Qualifying child for Earned			, ,		
6 = Children who lived with you, but do not qualify for Earned Income Credit					
7 = Children who lived with yo	u, but do not quali	fy for Child Tax Cre	edit		
8 = Children who lived with yo				endents/Earned In	come Credit
***Months 77 = Reported on odd year ret	urn				
88 = Reported on even year re	turn				
99 = Not reported on return					
		T I		I con	m ID: 1040

Form	in.	Info

Client Contact Information

2

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]
·	[14]	[23]
Pager number	[15]	[24]
Other:	[16]	[25]
Telephone number Extension	[17]	[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

NOTES/QUESTIONS:

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 Primary account: Financial institution routing transit number Name of financial institution	needed, and are correct.				[1] [3] [4] [5]
Your account number					[6]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)					[9]
Mark if married filing jointly and this is a joint account (Both taxpayer and sp	ouse names are on the accounty				[10]
Mark if financial institution is foreign based (Not located in the territorial jurisdic Enter the maximum dollar amount, or percentage of total refund	Dollar	[11]	r Pe	ercent (xxx.xx)	
Enter the maximum dollar amount, or percentage or total relation	Donar			` .	
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 sp	ouse names are on the account)				[31]
Mark if financial institution is foreign based (Not located in the territorial jurisdic					[32]
Enter the maximum dollar amount, or percentage of total refund	Dollar	[13]	or Po	ercent (xxx.xx)	[14]
Secondary account #2:					(22)
Financial institution routing transit number					[33]
Name of financial institution					[34]
Your account number		***************************************			[35] [36]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	(1)				[30] [37]
Mark if married filing jointly and this is a joint account (Both taxpayer and sp	ouse names are on the account)				_[38]
Mark if financial institution is foreign based (Not located in the territorial jurisdi		[17]	nr P	ercent (xxx.xx)	
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 b	y the bank	or fina	ncial institution.	
Refund - U.S. Series I Sav	rings Bond Purchases				
A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings be to purchase U.S. Series I Savings bonds (in increments of \$50) with your please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of The bonds will be registered to the name(s) on the return. For married filing joint returns this me 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	refund, if applicable, pleas ion of married filing joint re refund you would like used t	e completurns) a to purcha	ete t nd m	he following nust enter th onds othe return.	g information. ne party's given
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 bondsoollar	[19]	or	Percent (xxx.xx	[20]
Owner's name (First Last)	[40]				[41]
Co-owner or beneficiary (First Last)	[42]				
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 bondsollar	[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]
Ivial k it the hathe listed above is a sensitivity					
				[1	Form ID: Bank

Form ID: ELF	Electronic Filing	6
To comply with this requirement yo	parers who expect to prepare a certain amount of federal individual tax returns to file the our return will be electronically filed this year if it qualifies for electronic filing under IRS re er return instead of filing electronically.	em electronically. ules.
Receive email notification(s) when you	n even if you qualify for electronic filing our electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) dress on Organizer Form ID: Info eturn electronically and you want to pay the amount due by debiting your	[1] [2]
financial institution account The IRS requires a Personal Identifica	tion Number (PIN) be used in signing returns that are electronically filed.	[9]
Each taxpayer and spouse, if applicate Taxpayer self-selected Personal Ide	ole, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	[7]
Spouse self-selected Personal Ident		[8]

NOTES/QUESTIONS:

6

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		[1]
Form of identification (1 = Driver's	license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[1] [3]
Identification number		[4]
Issue date	•	[5]
Expiration date (mm/dd/yyyy)	•	
Location of issuance (State issued of	only)	(6) [7]
Document number (New York only)	•	[/]
Spouse -		(40)
Form of identification (1 = Driver's	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:

Form ID: Est	Estimated Taxes	8		
If you have an average	yment of 2023 taxes, do you want the excess:			
Refunded	yment of 2023 taxes, do you want the excess.	[52]		
	estimated tax liability	[53]		
	derable change in your 2024 income? (Y, N)	[54]		
If yes, please explain a				
		[55]		
		[56]		
•		[57]		
	1	[58] [59]		
	derable change in your deductions for 2024? (Y, N)	(35)		
If yes, please explain a	iny differences:	[60]		
	:	[61]		
		[62]		
		[63]		
Do you expect a consi	iderable change in the amount of your 2024 withholding? (Y, N)	[64]		
If yes, please explain a	any differences:			
		[65]		
		[66] [67]		
		[68]		
Da view evenest a abane	ge in the number of dependents claimed for 2024? (Y, N)	[69]		
If yes, please explain a				
ii yes, piease expiain a	ony unreferences.	[70]		
		[71]		
		[72]		
		[73]		
Payment method use	d to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)	[74]		
	2023 Federal Estimated Tax Payments			
2022 averagement an	pplied to 2023 estimates +	[1]		
Mark if you paid the c	calculated amounts on the dates due indicated below. Skip the remaining fields.	[5]		
If your estimated pay	ments were not made on the date due or were for an amount other than the calculated amount below, pleas	e enter		
the actual date and ar				
		/lethod*		
	Date Due Date Faid if After Date Due Amount and	/letnoa*		
1st quarter payment	04/18/23[6] +[7]			
2nd quarter payment				
3rd quarter payment 4th quarter payment				
Additional payment	[14] + [15]			
Additional payment				
[*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 /OUESTIO	NOTES/QUESTIONS:			
MOTES/ QUESTIO	/14J.			

	Form ID: Est
Control Totals +	FORM ID: ESU
Control Totals	

Form ID: St Pmt	2023 State Estimated Tax Payments		
Taxpayer/Spouse/Joint (τ, s, J) State postal code			[1] [2]
Amount paid with 2022 return 2022 overpayment applied to '23 estimates Treat calculated amounts as paid			[3] [4] [8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+[10] +[12]	
2nd quarter payment[11] 3rd quarter payment[13]		+[14]	
4th quarter payment[15]		+[16]	
Additional payment[17]		+[18]	
	2023 City Estima	ated Tax Payments	
City #1		City #2	
City name	[28]	City name	[50]
	[31]	Amount paid with 2022 return	
2022 overpayment applied to '23 estimates + _	[32]	2022 overpayment applied to '23 estimates + Treat calculated amounts as paid	[54] [58]
Treat calculated amounts as paid	[20]	Treat calculated amounts us para	<u> </u>
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[37] +		1st quarter payment[59] -	
2nd quarter payment[39] +		2nd quarter payment[61] = 4 3rd quarter payment[63] = 4	[62]
3rd quarter payment[41] + _ 4th quarter payment[43] + _		4th quarter payment[65]	
4th quarter payment			
Calculated Amount		Calculated Amount	
1st quarter payment		1st quarter payment 2nd quarter payment	
2nd quarter payment 3rd quarter payment			
4th quarter payment		4th quarter payment	
Ci4 #2		City #4	
City #3 City name	[72]	City name	[94]
	[75]	•	·[97]
2022 overpayment applied to '23 estimates +		2022 overpayment applied to '23 estimates -	
Treat calculated amounts as paid	[80]	Treat calculated amounts as paid	[102
Date Paid	Amount Paid	Date Paid	Amount Paid
	[82]	1st quarter payment[103]	+(104
	[84]		+[106
	[86]		+ [108 + [110
4th quarter payment[87] + _	[88]	4th quarter payment[109]	+[110
Calculated Amount		Calculated Amount	<u> </u>
1st quarter payment		1st quarter payment	
2nd quarter payment		2nd quarter payment	
3rd quarter payment		3rd quarter payment 4th quarter payment	
4th quarter payment		4th quarter payment	

Wages and Salaries #1

Please provide all copies of Form W-2.				
riease pro	2023 Information	Prior Year Information		
Taxpayer/Spouse (T, s)	_[1]			
Employer name	[3]			
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = F	Farming / Fishing, 4 = National Guard, 5 = Diff of Care)[5]			
Mark if this is your current employer	[6]			
Mark if this is the last year for this employer	[9]			
Federal wages and salaries (Box 1)	+[10]			
Federal tax withheld (Box 2)	+[12]			
Social security wages (Box 3) (If different than federal wages)	+[14]			
Social security tax withheld (Box 4)	+[16]			
Medicare wages (Box 5) (If different than federal wages)	+[18]			
Medicare tax withheld (Box 6)	+[21]			
SS tips (Box 7)	+[23]			
Allocated tips (Box 8)	+[25]			
Dependent care benefits (Box 10)	+[27]			
Box 13 -				
Statutory employee	[29]			
Retirement plan	[30]			
Third-party sick pay	[31]			
State postal code (Box 15)	[32]			
State wages (Box 16) (if different than federal wages)	+[34]			
State tax withheld (Box 17)	+[36]			
Local wages (Box 18)	+[38]			
Local tax withheld (Box 19)	+[40]			
Name of locality (Box 20)	[43]			
	Control Totals +			

Wages and Salaries #2

Please provide at	2023 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming /	Fishing, 4 = National Guard, 5 = Diff of Care)[5]	
Mark if this your current employer	[6]	
Mark if this is the last year for this employer	<u>_</u> [9]	
Federal wages and salaries (Box 1)	+[10]	
Federal tax withheld (Box 2)	+[12]	
Social security wages (Box 3) (If different than federal wages)	+[14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+[23]	
Allocated tips (Box 8)	+[25]	
Dependent care benefits (Box 10)	+[27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+[34]	
State tax withheld (Box 17)	+[36]	
Local wages (Box 18)	+[38]	
Local tax withheld (Box 19)	+[40]	
Name of locality (Box 20)	[43]	

Control lotals +	
	T_ :- :

Form ID: W2

Interest Income

Form ID: B-1

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.

Foreign Taxes Paid Prior Year Information					•																		
															-								
Tax Exempt \$ or %																							
U.S. Obligations* Tax Exempt* \$ or % \$ or %																							
Penalty on Early Withdrawal																							
Tax Exempt Income																							
Interest [1] Income					THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE P		A A A A A A A A A A A A A A A A A A A																
des below)	Paver	4 Amounts	Paver	Amounts +	Daver	Amounts	Boxes	Amounts +	G. Control	+	Amounts	Payer	Amounts +	Davier	+	Amounts	Payer	Amounts +	Daver	+	Amounts	Payer	4 Amounts
Type T/S/J Code (**See codes below)	•	7		7		3		4		2		4)		7		C	0		6		10	

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

Form ID: B-1

Dividend Income

Form ID: B-2

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.

Prior Year Information Foreign Taxes Paid Tax Exempt* \$ or % U.S. Obligations* \$ or % Tax Exempt Dividends 28% Capital Gain Sec. 199A Total Cap Gain Distributions Section 1250 Qualified Dividends Ordinary [2] Dividends Type Code (**See codes below) Amounts Payer 10 6 Ŋ 9 ~ ~ m 4 - s -

**Dividend Codes	3 = Nominee
**	Blank = Other

Form ID: B-2

Control Totals +

Please	provide all Forms 1099-R. 2023 Information	Prior Year Information
Taxpayer/Spouse (T, s)	_[1	
Name of payer	[3	
State postal code	[6	
Gross distributions received (Box 1)	+[8	***************************************
Taxable amount received (Box 2a)	+[1	
Federal withholding (Box 4)	+[1	
Distribution code (Box 7)	[1	5]
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan[1	7]
State withholding (Box 14)	+[1	***************************************
Local withholding (Box 17)	+[2	0]
Amount of rollover	+[2	2]
Mark if distribution was due to a pre-retirement age disability	(2	4]
	Control Totals +	
Pension, Ann	uity, and IRA Distributions #2	
Please	provide all Forms 1099-R.	
	2023 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	[1	1
Name of payer	[3	1
State postal code	[6	il
Gross distributions received (Box 1)	+[8	[00000000000000000000000000000000000000
Taxable amount received (Box 2a)	+[8	.0]
Federal withholding (Box 4)		2]
Distribution code (Box 7)	(1	.5]
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan[1	.7]
State withholding (Box 14)		.8]
Local withholding (Box 17)		(0)
Amount of rollover		[2]
Mark if distribution was due to a pre-retirement age disability		
Mark it distribution was due to a pre-retirement age assumity	_	
	Control Totals +	
Pension, Ann	uity, and IRA Distributions #3	
Please	provide all Forms 1099-R.	Prior Year Information
	2023 Information	
Taxpayer/Spouse (T, S)	[1	
Name of payer	[5	
State postal code	[6	
Gross distributions received (Box 1)	+[8	***************************************
Taxable amount received (Box 2a)		.0]
Federal withholding (Box 4)		.2]
Distribution code (Box 7)	[1	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan[1	[7]
State withholding (Box 14)		.8]
Local withholding (Box 17)	+[7	20]
Amount of rollover	+[2	[2]
Mark if distribution was due to a pre-retirement age disability	[;	[4]
	Ţ	
	Control Totals +	

NOTES/QUESTIONS:

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Form ID: SSA-1099 Social Security	y, Tier 1 Railroad Benefits		25
	y of Form(s) SSA-1099 or RRB-1099		
Taxpayer/Spouse (τ, s)		_[1]	
State postal code		[3]	
Social	Security Benefits		
	2023 Informa	ition	Prior Year Information
f you received a Form SSA - 1099, please complete the following in			
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-10	099:		
Medicare premiums	+	[7]	
Prescription drug (Part D) premiums	+	[9] [12]	
Net Benefits for 2023 (Box 3 minus Box 4) (Box 5)	+	[14]	
Voluntary Federal Income Tax Withheld (Box 6)	T	[114]	
Tier 1	Railroad Benefits		
	2023 Informa	ation	Prior Year Information
f you received a Form RRB - 1099, please complete the following i	information:		
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2023 (Box 5)	+	[22]	
Federal Income Tax Withheld (Box 10)	+		
Medicare Premium Total (Box 11)	+	[27]	
Additional Information	ation About Benefits Receiv	ed	
Additional information about the benefits received not reported a	bove. For example did you repay ar	ny benefits ir	n 2023 or receive any prior y
penefits in 2023. This information will be reported in the SSA-109	9 DESCRIPTION OF AMOUNT IN BOX	(3 area or in	the RRB-1099 Boxes 7 thro