

Taxpayer Name

**Yes    No    N/A**

			Have you provided Allison Hooks, CPA, Inc. with a copy of your prior year tax return?
			Have you provided Allison Hooks, CPA, Inc. with a list of legal names, birthdays, and Social Security Numbers for all taxpayers and dependents listed on your return?
			Did your marital status change during the year?
			Did your address change during the year?
			Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
			If yes, provide Notice CP01A from IRS
			Are you enrolling in our optional audit defense service?

**Yes    No    N/A**

			Did you have any changes in dependents during the year?
			Can another person qualify to claim any of your dependents?
			Did your dependent live with you for more than half the year?
			Did you pay for any child care expenses so you could work or attend school?
			Did your dependent earn \$8,100 or have unearned income of \$1,250?

**Yes    No    N/A**

			Did any member in your household have healthcare coverage through "The Marketplace Exchange?" If yes, provide copies of Form 1095-A from healthcare.gov
			Did you receive any distributions from or pay medical expenses with a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA?
			Did you make any direct contributions to a Health Savings Account (HSA) outside of your paycheck?

**Yes    No    N/A**

				Did you receive a W2 from employment?
				Did you receive any tips not reported to your employer?
				Did you sell any investments?
				Did you receive any unemployment benefits during the year?
				Did you receive any disability income during the year?
				Did you cash in any US savings bonds during the year?
				Did you receive any self-employment earnings?
				Did you start a new business or purchase a new rental property?
				Did you sell an existing business or rental property?
				Did you receive principle or interest this year from a property sold in a prior year?
				Did you buy, sell, refinance, or take a line of credit on any property?
				Did you rent out your primary home or use it for business purposes?
				Did you acquire a new or additional interest in a S Corporation or Partnership?
				Did you receive any income from an estate or trust?
				Did you receive any state or local refunds from prior years?
				Did you have any debts cancelled or forgiven?
				Does anyone owe you money that has become uncollectible?
				Did you purchase a new or previously owned clean motor vehicle?
				This includes electric, plug-in hybrid, fuel-cell, and qualified commercial clean vehicles.
				If yes, provide the report the dealer or seller is required to provide to you.
				Did you receive any income associated with a fantasy sports league?
				Did you receive any income associated with car sharing (Uber, Lyft, etc.)?
				Did you receive any income associated with freelancing or independent contract work?
				Did you receive any income associated with fashion sharing (Poshmar, thredUP, etc.)?
				Did you receive any income associated with crowdfunding (Kickstarter, indiegogo, etc.)?
				Did you have any gambling winnings during the year?
				Did you receive any other income not previously noted?
				If yes, explain

**Retirement Information**

Yes	No	N/A
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			Did you receive any payments from a pension or retirement plan?
			Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other retirement plan?
			Did you give directly to a charity from your required minimum distribution?
			Did you receive any Social Security benefits during the year?
			Are you a retired public safety officer?

**Itemized Deduction Information**

Yes	No	N/A
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			Did you pay out-of-pocket medical expenses?
			Did you pay any long-term care premiums?
			Did you make any major purchases (boat, vehicle, etc.)?
			Did you pay any property taxes or ad valorem taxes?
			Did you pay mortgage interest during the year?
			Did you make any cash donations to qualifying charities?
			Did you make noncash donations to charity (clothes, furniture, etc.)?
			Did you donate a boat or vehicle during the year?

**Education Information**

Yes	No	N/A
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			Did anyone in your household attend a post-secondary school during the year?
			Did you pay any required tuition expenses for college, university, or vocational school?
			Did you use a Qualified Tuition Program (529 account) to pay for education expenses?
			Did you make a contribution to an Education Savings Account or Qualified Tuition Program (529 account)?
			Did you pay any student loan interest?
			Did you receive forgiveness of a qualifying federal student loan?

**Foreign Tax Information**

Yes	No	N/A
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			Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
			Did you receive a distribution from or were you the grantor of a foreign trust?
			Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
			Did you have any income from or pay taxes to a foreign country?
			Did you have ownership in a foreign corporation at any time during the year?
			Did you own property in a foreign country?

**Miscellaneous Information**

Yes	No	N/A
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			Did you receive, sell, exchange, or otherwise dispose of any digital assets or virtual currencies?
			Did you make any estimated tax payments during 2023?
			Did you pay wages to a household employee?
			Did you make gifts to any one person in excess of \$17,000?
			Did you make any energy-efficient improvements to your primary home (excluding appliances)?
			Did you own interest or shares of a Qualified Opportunity Zone?
			Did you incur a gain or loss due to property while living in a federally declared disaster area?
			Are you a business owner who has filed any Employee Retention Tax Credit claims?
			Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions?
			Did you make any purchases subject to Use Tax?
			If you have a LLC or other business entity, will you fulfill or have you have already fulfilled your Corporate Transparency Act reporting mandate with FinCEN?

**Georgia Specific Information****Yes No N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you utilize any state tax credits for 2023?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have an unborn child with a detectable heartbeat in 2023?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you a teacher approved for the HB 32 Teacher Tax Credit program?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you an active member of the Georgia National Guard or Georgia Air National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you retired from the US military?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any qualifying caregiving expenses for an adult family member in 2023?

**Tax Return Information****Yes No N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment from your 2022 return to 2023?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment on your 2023 return, do you want it to apply to 2024?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate your income or withholdings to be significantly different in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you received any notices from IRS or state taxing authority?

**Please share any other information that you would like to discuss or believe will be helpful for us to prepare your return.**

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I affirm that I have reviewed all items in this questionnaire and have answered all applicable questions to the best of my knowledge and belief. I affirm that I have provided all relevant information for the preparation of my 2023 income tax return.

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**Signed**

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**Date**



Allison Hooks, CPA, Inc.

## **General Tax Information Checklist**

### **Employment Income**

- Income from Employer (W-2)

### **Retirement Income**

- Pension/IRA/Annuity Income (1099-R)
- Social Security Income (1099-SSA)
- Railroad Benefits (RRB-1099-R)

### **Children**

- Information on childcare if paid for a dependent under age 13 so taxpayer could work or go to school.
- Higher education expenses (1098-T)
- 529 plan contributions
- 529 plan distributions (1099-Q)

### **Investments**

- Stock sales (1099-B)
- Interest / Dividend income (1099-INT, 1099-OID, 1099-DIV)
- Retirement Account Contributions

### **Digital Assets**

- Cryptocurrencies
- Stablecoins
- NFTs

### **Other Income/Expenses**

- Unemployment (1099-G)
- Gambling income (W2-G)
- Marketplace Health Insurance (1095-A)
- Student Loan interest (1098-E)
- HSA Contributions (5498-SA)
- HSA Distributions (1099-SA)
- K-1 from Partnerships, S Corporations, Trusts and/or Estates

### **Self Employed or Freelance Work**

- Form 1099-NEC, 1099-MISC, and/or 1099-K
- Record of all income and expenses
- New asset cost and date placed in service
- Prior years depreciation information
- Business mileage log
- Year-End inventory cost
- Home office information

### **Rental Property Owner**

- Record of all income and expenses
- Cost and In-Service Date of all rental assets such as property, land, and improvements
- Prior years depreciation information
- Business Mileage
- Number of days of personal use

### **Itemized Deductions**

- Cash amount donated to charity
- Fair Market Value of noncash donations
- Amounts paid for medical expenses
- Mortgage Interest (1098)
- Real estate and Ad Valorem taxes

### **Energy Efficient Credits**

- Costs for some energy efficient improvements to your primary home
- Electric vehicle purchases

### **Miscellaneous Tax Topics**

- Gift Tax
- Foreign Accounts
- Household Employee
- State Tax Credits
- Amount and Date of estimated tax payments

This is not a comprehensive list of all tax topics, income, expenses, deductions, or credits to consider. This is intended as a general list of information which may lead to further discussion and information requests.

## 2023 Tax Organizer Personal Information

### Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Filing status at the end of 2023

- ☐ Single    ☐ Married    ☐ Widowed - If widowed and your spouse died after December 31, 2021, enter the date of death \_\_\_\_\_
- ☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? \_\_\_\_\_

Yes    No

- ☐ ☐ Are you or your spouse blind?  
☐ ☐ Are you or your spouse disabled?  
☐ ☐ Are you or your spouse a full-time student?  
☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
☐ ☐ At any time during 2023 did you:  
     (a) receive (as a reward, award, or payment for property or service) a digital asset?  
     (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

### Identification Information

#### Taxpayer's type of photo ID

- ☐ Driver's license    ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

- ☐ Driver's license    ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2023 appointment is scheduled for \_\_\_\_\_

## Dependent and Other Information

Name:

SSN:

### Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2022						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

## Name: \_\_\_\_\_

SSN:

### Provide all copies of Form W-2

[illegible]

**Provide all copies of Form 1099-R**

[illegible]

- ☐ Yes ☐ No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- ☐ Yes ☐ No Did you use any of the distributions for disaster relief?

## Name: \_\_\_\_\_

SSN:

**Provide all copies of Form 1099-DIV and other statements that report dividend income.**

## Interest Income

**Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.**

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address



## Name: \_\_\_\_\_

SSN:

**Provide all brokerage statements**

[illegible]

## TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired Date sold

2023

### Prior Years

Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party ☐

Income

Name:

SSN:

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

TS	Payer Name	2023 Amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer Name	2023 Amount

## Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Other Income**

	2023 Taxpayer	2023 Spouse
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received		
Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2023 . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Jury duty pay . . . . .	_____	_____
ABLE distributions . . . . .	_____	_____
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

**Adjustments**

	2023 Taxpayer	2023 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K . . . . .	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____

## Schedule C - Profit or Loss from Business

Name:

SSN:

## General Business Information

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) \_\_\_\_\_☐ This business started or was acquired during 2023.☐ This business was disposed of during 2023.

Select if this business is for:

☐ Professional gambler☐ Newspaper delivery and you are under 18 years of age☐ Exempt Notary income☐ A clergy

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.☐ ☐ If "Yes," did you file Forms 1099 for the individuals?☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?☐ ☐ If "Yes," was any portion of the loan forgiven in 2023?

## Income

2023

2023

Gross receipts or sales . . . . . \_\_\_\_\_ Other income . . . . . \_\_\_\_\_

Returns &amp; allowances . . . . . \_\_\_\_\_

## Expenses

2023

2023

Advertising . . . . . \_\_\_\_\_ Repairs &amp; maintenance . . . . . \_\_\_\_\_

Car &amp; truck expenses . . . . . \_\_\_\_\_ Supplies . . . . . \_\_\_\_\_

Commissions &amp; fees . . . . . \_\_\_\_\_ Taxes &amp; licenses . . . . . \_\_\_\_\_

Contract labor . . . . . \_\_\_\_\_ Travel . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_ Total meals . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_ Utilities . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_ Wages . . . . . \_\_\_\_\_

Interest - mortgage . . . . . \_\_\_\_\_ Family health coverage payments  
for taxpayer, spouse or dependents . . . . . \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_ Other expenses (list) . . . . . \_\_\_\_\_

Legal &amp; professional services . . . . . \_\_\_\_\_

Office expenses . . . . . \_\_\_\_\_

Pension &amp; profit-sharing plans . . . . . \_\_\_\_\_

Rent or lease (vehicles,  
machinery, & equipment) . . . . . \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_

## Cost of Goods Sold

2023

2023

Inventory at beginning of year . . . . . \_\_\_\_\_ Materials &amp; supplies . . . . . \_\_\_\_\_

Purchases . . . . . \_\_\_\_\_ Other costs . . . . . \_\_\_\_\_

Cost of personal use items . . . . . \_\_\_\_\_ Inventory at end of year . . . . . \_\_\_\_\_

Cost of labor . . . . . \_\_\_\_\_ ☐ There was a change in inventory method.

## Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No

☐ ☐ Was this vehicle available for use during off-duty hours?☐ ☐ Was another vehicle available for personal use?

Yes No

☐ ☐ Do you have evidence to support your deduction?☐ ☐ If "Yes," is the evidence written?

### Mileage

Number of miles the vehicle was driven during 2023

Business . . . . . \_\_\_\_\_ Other . . . . . \_\_\_\_\_

Commuting . . . . . \_\_\_\_\_

### Expenses

Garage rent . . . . . \_\_\_\_\_ Repairs . . . . . \_\_\_\_\_

Gas . . . . . \_\_\_\_\_ Tires . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_ Tolls . . . . . \_\_\_\_\_

Licenses . . . . . \_\_\_\_\_ Lease addback . . . . . \_\_\_\_\_

Oil . . . . . \_\_\_\_\_ Other expenses \_\_\_\_\_

Parking fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Rental fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Interest . . . . . \_\_\_\_\_ \_\_\_\_\_

Property tax . . . . . \_\_\_\_\_ \_\_\_\_\_

### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

☐ The daycare facility was in operation for the entire year

### Expenses

#### Office expenses

#### Home expenses

Mortgage interest . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Excess mortgage interest . . . . . \_\_\_\_\_

Excess real estate taxes . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Rent . . . . . \_\_\_\_\_

Repairs &amp; maintenance . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Other expenses . . . . . \_\_\_\_\_

In the "Office expenses" column,  
enter those expenses that  
pertain exclusively to your office;  
in the "Home expenses" column,  
enter those expenses that  
pertain to the entire dwelling.

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

#### Select the property type

☐ Single family residence☐ Vacation / short-term rental☐ Land☐ Self-rental☐ Multi-family residence☐ Commercial☐ Royalties☐ Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_

Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

☐ This property was placed in service during 2023.

Yes No

☐ This property was disposed of during 2023.☐☐

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

☐ This property is your main home or second home.☐☐

If "Yes," did you file Forms 1099 for the individuals?

☐ This property was owned as a qualified joint venture.

### Income

2023

2023

Rent income . . . . . \_\_\_\_\_

Royalties from oil, gas,  
mineral, copyright or patent . . . . . \_\_\_\_\_

### Expenses

	Rental Unit Expenses	Rental and Homeowner Expenses
Advertising . . . . .	_____	_____
Auto & travel . . . . .	_____	_____
Cleaning & maintenance . . . . .	_____	_____
Commissions . . . . .	_____	_____
Insurance . . . . .	_____	_____
Legal & professional fees . . . . .	_____	_____
Management fees . . . . .	_____	_____
Mortgage interest . . . . .	_____	_____
Other interest . . . . .	_____	_____
Repairs . . . . .	_____	_____
Supplies . . . . .	_____	_____
Taxes . . . . .	_____	_____
Utilities . . . . .	_____	_____
Depletion . . . . .	_____	_____
Other expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

## Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Schedule K-1 and attachments**

[illegible]

## Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash: ☐ Accrual☐ This farm was disposed of during 2023.

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.☐ ☐ If "Yes," did you file Forms 1099 for the individuals?☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?☐ ☐ If "Yes," was any portion of the loan forgiven in 2023?**Income**

2023

2023

Sale of livestock / other items . . . . .	_____	Custom hire income . . . . .	_____
Cost of items bought for resale . . . . .	_____	Beginning inventory for accrual . . . . .	_____
Sale of products you raised . . . . .	_____	Ending inventory for accrual . . . . .	_____
Total cooperative distributions (Provide 1099-PATR) . . . . .	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.	
Total agricultural payments . . . . .	_____	Other income . . . . .	_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported . . . . .	_____	_____	_____
CCC loans forfeited . . . . .	_____	_____	_____
Crop insurance proceeds:			
Amount received in 2023 . . . . .	_____	_____	_____
<input type="checkbox"/> You elect to defer to 2024		_____	_____
Amount deferred from 2022 . . . . .	_____	_____	_____

**Expenses**

2023

2023

Car & truck expenses . . . . .	_____	Rent - other (land, animals, etc.) . . . . .	_____
Chemicals . . . . .	_____	Repairs & maintenance . . . . .	_____
Conservation expenses . . . . .	_____	Seeds & plants purchased . . . . .	_____
Custom hire (machine work) . . . . .	_____	Storage & warehousing . . . . .	_____
Employee benefit programs . . . . .	_____	Supplies purchased . . . . .	_____
Feed purchased . . . . .	_____	Taxes . . . . .	_____
Fertilizers & lime . . . . .	_____	Utilities . . . . .	_____
Freight & trucking . . . . .	_____	Veterinary, breeding, & medicine . . . . .	_____
Gasoline, fuel, & oil . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . .	_____
Insurance (other than health) . . . . .	_____	Other expenses . . . . .	_____
Interest - mortgage (paid to banks, etc.) . . . . .	_____	_____	_____
Interest - other . . . . .	_____	_____	_____
Non-W-2 labor hired . . . . .	_____	_____	_____
W-2 wages paid . . . . .	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____
Rent - vehicles, machinery, & equipment . . . . .	_____	_____	_____



Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums  
(paid by you, not through work) . . . . .  
Amount above that is for Medicare premiums . . . . .  
Long-term care premiums (you) . . . . .  
Long-term care premiums (your spouse) . . . . .  
Long-term care premiums (dependents) . . . . .  
Mileage driven for medical purposes . . . . .  
Out of pocket medical & dental expenses  
Doctor, dental, etc . . . . .  
Prescription medicines . . . . .  
Glasses & contacts . . . . .  
Hearing aids . . . . .  
Medical equipment & supplies . . . . .  
Hospital services . . . . .  
Laboratory services . . . . .  
Nursing services . . . . .  
Other \_\_\_\_\_  
Other \_\_\_\_\_

Taxes Paid

State and local income taxes . . . . .  
General sales tax (vehicle, boat, home, etc.) . . . . .  
Real estate taxes . . . . .  
Personal property taxes . . . . .  
Auto registration taxes not  
deductible for state . . . . .  
Other taxes (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . .  
☐ Some of your home mortgage loan was not  
used to buy, build, or improve your home.  
Home mortgage interest paid to an individual . . . . .  
Paid to:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
SSN or EIN \_\_\_\_\_  
Points not reported on Form 1098 . . . . .  
Investment interest . . . . .

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miles driven for charitable purposes . . . . .			_____

Other Miscellaneous Deductions

Amortizable bond premiums . . . . .  
Federal estate tax . . . . .  
Gambling losses . . . . .  
Impairment-related work expenses . . . . .  
Claim repayments . . . . .  
Unrecovered pension investments . . . . .  
Loss from other activities from Schedule K-1 . . . . .  
Ordinary loss debt instrument . . . . .  
Excess deduction on termination . . . . .

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer  
Safety equipment, tools, & supplies . . . . .  
Uniforms . . . . .  
Protective clothing (shoes, hardhats, glasses, etc.) . . . . .  
Dues to professional organizations . . . . .  
Books & subscriptions . . . . .  
Other \_\_\_\_\_  
Union dues . . . . .  
Tax preparation fees . . . . .  
Other nonpersonal expenses related to taxable income  
Safe deposit box fees . . . . .  
Investment expenses not entered elsewhere . . . . .  
Other \_\_\_\_\_  
Home equity interest . . . . .

## Other Information

Name:

SSN:

### Health Savings Account

TS \_\_\_\_\_

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

☐ Taxpayer only ☐ Family

2023

HSA contributions made for 2023 . . . . . \_\_\_\_\_

Total distributions from all HSAs during 2023 . . . . . \_\_\_\_\_

Distributions included above that were rolled over into another account . . . . . \_\_\_\_\_

Qualified medical expenses paid using HSA distributions . . . . . \_\_\_\_\_

### Education Expenses Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Job-related Moving Expenses

TSJ \_\_\_\_\_

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2023

Number of miles from old home to old workplace . . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expenses to transport and store household goods and personal effects . . . . . \_\_\_\_\_

Travel and lodging expenses while traveling to your new home . . . . . \_\_\_\_\_