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2023 Tax Organizer

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PLEASE PRINT ON ONE (1) SIDE ONLY

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2023 TAX ORGANIZER

Income tax time is here. The enclosed Tax Organizer has been prepared to assist you in gathering information for your 2023 tax return. Please review the entire Tax Organizer, answer all questions that apply to you, and sign all pages where indicated. We cannot process the tax returns without a complete Tax Organizer including answers ALL questions.

We also need all supporting documents including:
Copies of Drivers Licenses for Taxpayer and Spouse
Birth Certificates and Social Security cards for dependents (new clients)
W-2 and 1099 Statements - 2023 Mortgage Statements - Refinance papers (HUD1)
and other real estate and stock sale transaction papers
2023 and 2024 Property Tax Statements (2024 statement will not be available until late March). If the 2024 Statement is not available, we can still prepare the income tax returns

ALL TAXPAYERS MUST HAVE A CURRENT DRIVERS LICENSE OR STATE ISSUED IDENTIFICATION CARD IN ORDER TO FILE THIS YEAR.

For new clients we will review your last 3 years tax returns for any possible errors, and if necessary, amend the returns upon your request.

Please feel free to contact us at (952) 934-1347 or email us if you have any questions or need additional information. Please contact us as soon as possible to schedule your drop off appointment. We look forward to serving you this year.

YOU MAY DROP OFF OR MAIL YOUR COMPLETED INFORMATION.

Your **DROP OFF** appointment is scheduled ____/____/2024 ____A.M.____P.M.
If you are unable to keep your appointment, call (952) 934-1347 to reschedule.

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TAX YEAR 2023

PRIVACY POLICY

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,
Darrell Rodenz CPA

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TAX YEAR 2023

2023 ENGAGEMENT LETTER

Thank you for choosing RODENZ ACCOUNTING & TAX SERVICE LLC to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. A Tax Organizer is enclosed to help you collect the data required for your return. The Tax Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within ten (10) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for five years, after which these documents will be destroyed.

Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

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To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call (612)723-3161 if you have questions.

Sincerely,
Darrell Rodenz CPA

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

2023

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- Did your marital status change during the year?
If "Yes," explain. _____
- Did your name change during the tax year?
If "Yes," explain. _____
- If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2023?
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain. _____
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- Did you have any changes in dependents during the year?
If "Yes," explain. _____
- Can another person qualify to claim any of your dependents?
- Did you have any child or dependent care expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2,500 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?

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2023

Questionnaire

Name:

SSN:

Questionnaire

- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?
If "Yes," provide the report the dealer or seller is required to provide to you.
- Did you receive income or incur expenses associated with a fantasy sports league?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?
If "Yes," provide documentation.
- Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain. _____

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

Yes No

- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? 7
- Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Questionnaire

Name:

SSN:

Questionnaire

Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependents during the year?
If "Yes," provide the amount of interest that was refunded.
- Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes No

- 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 a grantor of, or transferor to, 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 receive a Schedule K-3 from a partnership or S corporation?
- Did you have ownership in a foreign corporation at any time during the year?
- Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes No

- If you have an overpayment of 2023 taxes, do you want the refund applied to your 2024 estimated taxes?
- Did you make any estimated payments toward your 2023 taxes?
- Did you apply an overpayment of your 2022 taxes to your 2023 estimated taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2024?

Miscellaneous Information

Yes No

- Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?
- Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?
If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$17,000 during the year?
Yes No
 If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses with the military during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year?
Yes No
 If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?
- Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?

Questionnaire

Name:

SSN:

Questionnaire

- Did you make any purchases subject to use tax during the year?
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain. _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Preparer Notes

Household Employment

SSN:

Name:

TSJ _____ Employer Identification Number _____

Yes No

- Did you pay any one household employee cash wages of \$2,600 or more in 2023?
Did you withhold federal income tax during 2023 for any household employee?
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?
Did you pay unemployment contributions to only one state?
Did you pay all state unemployment contributions for 2023 by April 15, 2024?
Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023 2022

Table with 2 columns: 2023, 2022. Rows include: Total cash wages subject to Social Security tax, Total cash wages subject to Medicare tax, Total cash wages subject to Additional Medicare tax withholding, Federal income tax withheld, Qualified sick leave wages, Qualified family leave wages, Qualified health plan expenses.

TSJ _____ Employer Identification Number _____

Yes No

- Did you pay any one household employee cash wages of \$2,600 or more in 2023?
Did you withhold federal income tax during 2023 for any household employee?
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?
Did you pay unemployment contributions to only one state?
Did you pay all state unemployment contributions for 2023 by April 15, 2024?
Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023 2022

Table with 2 columns: 2023, 2022. Rows include: Total cash wages subject to Social Security tax, Total cash wages subject to Medicare tax, Total cash wages subject to Additional Medicare tax withholding, Federal income tax withheld, Qualified sick leave wages, Qualified family leave wages, Qualified health plan expenses.

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 services) 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 _____

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	_____	_____	_____	_____	_____	_____

Child and Dependent Care

SSN:

Name:

Child Care Provider's Information

You or your spouse were a full-time student or disabled during 2023?

	2023	2022
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

	2023	2022
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

	2023	2022
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

Other Income and Adjustments

SSN:

Name:

Other Income

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 Spouse
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	2022 Taxpayer	2023 Spouse	2022 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Adjustments

SSN: _____

Name: _____

Moving Expenses

TSJ _____

Select this box and complete the fields below only 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

2022

Enter the number of miles from your OLD home to your NEW workplace _____

Enter the number of miles from your OLD home to your OLD workplace _____

Enter the amount you paid for transportation and storage of household goods and personal effects _____

Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals) _____

Enter the amount of moving expenses reimbursed to you by your employer _____

Self-Employed Health Insurance

TSJ _____

2023

2022

Enter the qualified long-term care amount _____

Enter your Medicare wages from an S corporation _____

Self-Employed Pensions

TSJ _____

2023

2022

Enter your plan contribution rate as a decimal _____

Enter your allowable elective deferrals made during 2023 _____

Enter your catch-up contributions _____

Enter the amount of designated ROTH contributions included above _____

Nondeductible IRAs

TS _____

This person is covered by a retirement plan at work or through self-employment.

2023

2022

Total traditional IRA contributions made for 2023 _____

Amount included above that was contributed between 1/1/2024 and 4/15/2024 _____

Total basis of traditional IRAs as of 12/31/2023 _____

Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers.) _____

Distributions received were used for disaster relief

Amount of traditional IRAs converted to ROTH IRAs _____

IRA basis before conversion _____

Total ROTH IRA contributions made for 2023 _____

Health Savings Account

TS _____

2023

2022

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

Taxpayer only Family

HSA contributions made for 2023 _____

Total distributions from all HSAs during 2023 _____

Distributions included above that were rolled over into another HSA account _____

Qualified medical expenses paid using HSA distributions _____

Wages and Salaries

SSN: _____

Name: _____

Provide all copies of Form W-2

TS _____ Federal EIN _____

Payers name _____

Payer's address _____

	2023	2022		2023	2022
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS _____ Federal EIN _____

Payer's name _____

Payer's address _____

	2023	2022		2023	2022
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

SSN: _____

Name: _____

Social Security Benefit Statement or Railroad Retirement Board Payments - Provide all Forms 1099-SSA, etc.

	2023	2022		2023	2022
TS _____			TS _____		
Net benefits	_____	_____	Net benefits	_____	_____
Medicare premiums	_____	_____	Medicare premiums	_____	_____
Federal income tax withheld	_____	_____	Federal income tax withheld	_____	_____
<input type="checkbox"/> Treat Medicare premiums as self-employed health insurance.			<input type="checkbox"/> Treat Medicare premiums as self-employed health insurance.		

Pension and Retirement Distributions - Provide all Forms 1099-R

TS _____	Payer's name _____			Payer's federal ID number _____	
Address _____					
	2023	2022		2023	2022
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State ID _____		_____
Report disability income as wages on 1040.	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	_____	_____
Gross distribution	_____	_____	State distribution	_____	_____
Taxable amount	_____	_____	Name of locality _____		_____
Total distribution	<input type="checkbox"/>	_____	Local income tax withheld	_____	_____
Capital gain included in taxable amount above	_____	_____	Local distribution	_____	_____
Federal income tax withheld	_____	_____	State _____ State ID _____		_____
Employee contributions or insurance premiums	_____	_____	State income tax withheld	_____	_____
Unrealized appreciation	_____	_____	State distribution	_____	_____
Distribution codes	_____	_____	Name of locality _____		_____
IRA / SEP / SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld	_____	_____
Your percentage of total distribution _____		_____	Local distribution	_____	_____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use any of the distributions for disaster relief?
		100% of the taxable amount entered above is a Qualified Charitable Distribution (QCD) <input type="checkbox"/>
		Enter an amount in this field if only part of the taxable amount entered above is a QCD _____
		100% of the taxable amount entered above is for Health Savings Account (HSA) funding <input type="checkbox"/>
		Enter an amount in this field if only part of the taxable amount entered above is for HSA funding _____
		Enter the amount of distribution used for insurance premiums for public safety officers _____

Interest Income

Name:

SSN:

Provide all Forms 1099-INT, 1099-OID, and statements relating to interest income

Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest
TSJ						

Schedule A - Itemized Deductions

SSN:

Name:

Medical and Dental Expenses

Table with columns for 2023 and 2022. Rows include: 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 and dental expenses (list).

Charitable Contributions

Table with columns for 2023 and 2022. Rows include: Donations to charity (cash), Disaster relief contributions, Miles driven for charitable purposes, Donations to charity (noncash). Note: If noncash donations are greater than \$500, list below.

Taxes Paid

Table with columns for 2023 and 2022. Rows include: 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).

Other Miscellaneous Deductions

Table with columns for 2023 and 2022. Rows include: 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.

Interest Paid

Table with columns for 2023 and 2022. Rows include: Home mortgage interest paid (attach Form 1098), Home mortgage interest paid to an individual, Points not reported on Form 1098, Investment interest.

For state purposes ONLY Job Expenses & Certain Miscellaneous Deductions

Table with columns for 2023 and 2022. Rows include: Necessary job expenses you paid that were not reimbursed by your employer (list), Union dues, Tax preparation fees, Other nonpersonal expenses related to taxable income (list), Investment expenses not entered elsewhere, Home equity interest.

Noncash Charitable Contributions

SSN:

Name:



TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, country, postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Date contributed _____ Bargain sale was capital gain property

Property type (if over \$5,000) Donated property is publicly traded security

- Art valued more than \$20,000
- Art valued less than \$20,000
- Intellectual property
- Qualified conservation - qualified farmer / rancher
- Other real estate
- Vehicles
- Qualified conservation - non-qualified farmer / rancher
- Securities
- Clothing and household items
- Qualified conservation
- Collectibles
- Other
- Equipment

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, country, postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Date contributed _____ Bargain sale was capital gain property

Property type (if over \$5,000) Donated property is publicly traded security

- Art valued more than \$20,000
- Art valued less than \$20,000
- Intellectual property
- Qualified conservation - qualified farmer / rancher
- Other real estate
- Vehicles
- Qualified conservation - non-qualified farmer / rancher
- Securities
- Clothing and household items
- Qualified conservation
- Collectibles
- Other
- Equipment

Expenses for Business Use of Your Home

SSN: _____

Name: _____

Business Use of Home

For _____ Name of business home is used for _____

	2023	2022
Square footage of home used exclusively for business	_____	_____
Total square footage of home	_____	_____

Use of Home for Daycare

	2023	2022
Area used part time for business	_____	_____
Total hours used for day care	_____	_____
Total hours available	_____	_____

Did you live in the home all year? Yes No

Expenses

	Office expenses		Home expenses	
	2023	2022	2023	2022
Mortgage interest	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Excess mortgage interest	_____	_____	_____	_____
Excess real estate taxes	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Repairs and 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.

Cost of Home

	2023	2022
Enter the smaller of your home's adjusted basis or its fair market value	_____	_____
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of land	_____
Date placed in service	_____	_____
Date taken out of service	_____	_____

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TS _____ Occupation _____

Select if you are:

- A qualifying performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist (travel related expenses only)
- A member of the clergy

Part I - Employee Business Expense and Reimbursements

2023 2022

Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment		
Other business expenses		
Meals		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 form		
Other business expenses		
Meals		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for an Armed Forces reservist		

Business Vehicle Expenses

Vehicle 1

Vehicle 2

2023

2022

2023

2022

Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2023				
Business miles driven during 2023				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation percentage				

- If your employer provided a vehicle, was personal use during off duty hours permitted? Yes No
- Do you or your spouse have another vehicle available for personal use? Yes No
- Do you have evidence to support your deduction? Yes No
- If "Yes," is the evidence written? Yes No

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Professional product or service _____ Business code _____

Employer ID number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

- This business was started or acquired during 2023.
- Some investment is NOT at risk.
- 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	2022
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

	2023	2022
Inventory at beginning of year	_____	_____
Purchases (less cost of items withdrawn for personal use)	_____	_____
Cost of labor	_____	_____
Materials and supplies	_____	_____
Other costs (list on detail worksheet)	_____	_____
Inventory at end of year	_____	_____

Schedule C - Profit or Loss from Business

SSN:

Name:

Expenses

TS _____

Business name _____

Profession or product _____

2023

2022

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance (other than health) _____

Interest - mortgage (paid to banks, etc.) _____

Interest - other _____

Legal and professional services _____

Office expenses _____

Pension and profit-sharing plans _____

Rent or lease (vehicles, machinery, and equipment) _____

Rent (other business property) _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses (including real estate taxes) _____

Travel _____

Total meals _____

Utilities _____

Wages _____

Family health coverage payments for taxpayer, spouse or dependents _____

Other expenses (list):

Auto Expense Worksheet

SSN: _____

Name: _____

General Information

For _____

Business name and profession / product _____

Description _____

Date placed in service _____

Was this vehicle available for personal use during off-duty hours? Yes No

Do you or your spouse have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:	2023	2022		Prior year total
Business	_____	_____	Business	_____
Commuting	_____	_____	Total	_____
Other	_____	_____		

Expenses

	2023	2022
Garage rent	_____	_____
Gas	_____	_____
Insurance	_____	_____
Licenses	_____	_____
Oil	_____	_____
Parking fees	_____	_____
Rental fees	_____	_____
Interest	_____	_____
Property tax	_____	_____
Repairs	_____	_____
Tires	_____	_____
Tolls	_____	_____
Lease addbacks	_____	_____
Other expenses (list):	Apply business %	
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

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

SSN:

Name:

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- Single family residence
- Multi-family residence

- Vacation / short-term rental
- Commercial

- Land
- Royalties

- Self-rental
- 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.
- This property was disposed of during 2023.
- This property is your main home or second home.
- This property was owned as a qualified joint venture.

- Yes
- No

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

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

Income

2023

2022

2023

2022

Rent Income

Royalties from oil, gas, mineral, copyright, or patent

Expenses

Rental Unit Expenses

Rental and Homeowner Expenses

- Advertising
- Auto and travel
- Cleaning and maintenance
- Commissions
- Insurance
- Legal and professional fees
- Management fees
- Mortgage interest
- Other interest
- Repairs
- Supplies
- Taxes
- Utilities
- Depletion
- Other expenses (list)

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.

Schedule F - Profit or Loss from Farming

SSN: _____

Name: _____

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?

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

Expenses

	2023	2022		2023	2022
Car and truck expenses	_____	_____	Repairs and maintenance	_____	_____
Chemicals	_____	_____	Seeds and plants purchased	_____	_____
Conservation expenses	_____	_____	Storage and warehousing	_____	_____
Custom hire (machine work)	_____	_____	Supplies purchased	_____	_____
Employee benefit programs	_____	_____	Taxes	_____	_____
Feed purchased	_____	_____	Utilities	_____	_____
Fertilizers and lime	_____	_____	Veterinary, breeding, medicine	_____	_____
Freight and trucking	_____	_____	Family health coverage payments	_____	_____
Gasoline, fuel, and oil	_____	_____	for taxpayer, spouse or dependents	_____	_____
Insurance (other than health)	_____	_____	Other expenses (list)	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Non-W-2 labor hired	_____	_____		_____	_____
W-2 wages paid	_____	_____		_____	_____
Pension and profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery, equipment	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____

Form 4835 - Farm Rental Income and Expenses

SSN:

Name:

General Information

TSJ _____ Employer ID number _____

Description _____

This farm was disposed of during 2023.

Income

	2023	2022		2023	2022
Income from production of livestock, produce, grains, and other crops . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions	_____	_____	Amount received in 2023	_____	_____
Total agricultural payments	_____	_____	<input type="checkbox"/> You elect to defer to 2024		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2022	_____	_____
CCC loans reported	_____	_____	Other income	_____	_____
CCC loans forfeited	_____	_____			

Expenses

	2023	2022		2023	2022
Car and truck expenses	_____	_____	Seeds and plants purchased	_____	_____
Chemicals	_____	_____	Storage and warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, medicine	_____	_____
Fertilizer and lime	_____	_____	Other expenses (list)		
Freight and trucking	_____	_____	_____	_____	_____
Gasoline, fuel, and oil	_____	_____	_____	_____	_____
Insurance (other than health)	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other	_____	_____	_____	_____	_____
Labor hired (less jobs credit)	_____	_____	_____	_____	_____
Pension and profit-sharing plans	_____	_____	_____	_____	_____
Rent - vehicles, machinery, equipment	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.)	_____	_____	_____	_____	_____
Repairs and maintenance	_____	_____	_____	_____	_____

Casualties and Thefts

SSN: _____

Name: _____

TSJ _____ FEMA code _____

Property description _____

Property address _____

Property was Personal Business Income-producing Employee income-producing

Date property was acquired _____ Fair market value before incident _____

Cost of property damaged or stolen _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date property was damaged or stolen _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN / EIN _____

Address _____

U.S. Only: City _____ State _____ ZIP _____

Foreign Only: Province / state _____ Country _____ Postal Code _____

TSJ _____ FEMA code _____

Property description _____

Property address _____

Property was Personal Business Income-producing Employee income-producing

Date property was acquired _____ Fair market value before incident _____

Cost of property damaged or stolen _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date property was damaged or stolen _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN / EIN _____

Address _____ 33

U.S. Only: City _____ State _____ ZIP _____

Foreign Only: Province / state _____ Country _____ Postal Code _____

Installment Sale Income

Name:

SSN:

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

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

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

Education Credits

Name: _____

SSN: _____

Provide all Forms 1098-T

Student's first and last name: _____ SSN: _____

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes
- Was the student enrolled at least half-time for at least one academic period that began in 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?
- Did the student complete the first four years of post-secondary education before 2023?
- Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____	2023	2022
Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free educational assistance received in 2023 allocable to the academic period	_____	_____
Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed	_____	_____

- Did the student receive Form 1098-T from this institution for 2023? Yes No
- Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? Yes No

EIN _____

Educational Institution Name _____

Street address, city, state, and ZIP _____

Student's first and last name: _____ SSN: _____

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes
- Was the student enrolled at least half-time for at least one academic period that began in 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?
- Did the student complete the first four years of post-secondary education before 2023?
- Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____	2023	2022
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free educational assistance received in 2023 allocable to the academic period	_____	_____
Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed	_____	_____

- Did the student receive Form 1098-T from this institution for 2023? Yes No
- Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? Yes No

EIN _____

Educational Institution Name _____

Street address, city, state, and ZIP _____

Vehicle Credits

Name: _____

SSN: _____

Form 8936 - Clean Vehicle Credits

TSJ _____

Part I - Vehicle Details

Year of vehicle _____

Make of vehicle _____

Model of vehicle _____

Vehicle Identification Number _____

Date vehicle was placed in service _____

	Yes	No
Was the vehicle used primarily outside the U.S.? If "Yes," stop here.	<input type="checkbox"/>	<input type="checkbox"/>
Does the VIN entered above belong to a new clean vehicle placed in service during 2023? If "Yes," go to Part II.	<input type="checkbox"/>	<input type="checkbox"/>
Does the VIN entered above belong to a previously owned clean vehicle acquired after 2022 and placed in service during 2023? If "Yes," go to Part IV.	<input type="checkbox"/>	<input type="checkbox"/>
Does the VIN entered above belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during 2023? If "Yes," go to Part IV. If "No," stop here.	<input type="checkbox"/>	<input type="checkbox"/>

Part II - Credit Amount for Business / Investment Use Part of New Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. Yes No

Business or investment use percentage _____

Part IV - Credit Amount for Previously Owned Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. Yes No

Is the vehicle a qualified fuel cell motor vehicle? Yes No

Sales price of vehicle _____

Part V - Credit Amount for Qualified Commercial Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. Yes No

Is the vehicle powered by gas or diesel? Yes No

Sales price of vehicle _____

Vehicle's gross weight rating (GVWR) is 14,000 pounds or more Yes No

Form 8910 - Alternative Motor Vehicle Credit

TSJ _____

Vehicle 1

Vehicle 2

Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Business / investment use percentage	_____	_____

Residential Energy Credits

SSN:

Name:

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs
Qualified solar water heating property costs
Qualified small wind energy property costs
Qualified geothermal heat pump property costs
Qualified battery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours?
Qualified battery storage costs
Was a qualified fuel cell property installed on or in your main home in U.S.?
Address of main home
City, state, and ZIP
Qualified fuel cell property costs
Kilowatt capacity of qualified fuel cell property entered above
Amount of unused credit from 2022 Form 5695, line 16

Part II - Energy Efficient Home Improvement Credit

Qualified Energy Efficient Improvements

Were improvements or costs made to your main home located in the US?
Were you the original user of the qualified energy efficiency improvements?
Are the components reasonably expected to remain in use for at least five years?
Were improvements or costs related to the construction of this main home?
Address of main home
City, state, and ZIP

Were improvements or costs related to the construction of this home?
Cost of insulation or air sealing material or system
Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
Cost of exterior windows and skylights

Residential Energy Property Costs

Did you incur costs for qualified energy property installed on or in connection with a U.S. home?
Was the qualified energy property originally placed into service by you or your spouse?
Address of home that you installed qualified energy property (if more than one list separately)
Street address
City, state, and ZIP

Cost of central air conditioners
Cost of natural gas, propane: Water heaters Furnace or hot water boilers
Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders
Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor?
Cost of electric or natural gas: Heat pumps Heat pump water heaters
Cost of biomass stoves and boilers

STATE QUESTIONS 2023

	TAXPAYER	SPOUSE
	YES	NO
	YES	NO
Did you live in a state other than Minnesota during any part of the year?	___/___	___/___
Did you receive any income from sources outside Minnesota?	___/___	___/___
Did you receive any state or municipal bond interest from states other than from Minnesota? AMOUNT \$ _____	___/___	___/___
Did you contribute to a 529 Plan? (College Savings Plan) If yes please attach the year-end statement from the investment firm.	___/___	___/___
Did you pay for required tuition or non-religious materials for a dependent child in grades kindergarten through twelve? Amount \$ _____ Grade _____ Child _____ Private _____ Public _____ Amount \$ _____ Grade _____ Child _____ Private _____ Public _____	___/___	___/___
Minnesota Nongame Wildlife Fund Donation.	AMOUNT \$ _____	
Did you pay for Long Term Care Insurance premiums? Name of Insurance company _____	___/___	___/___
Policy Number TAXPAYER: _____	AMOUNT \$ _____	
Policy Number SPOUSE: _____	AMOUNT \$ _____	
Did you reside in a nursing home or health care facility?	___/___	___/___
Did you file for a renter or property tax refund (FORM M-1PR)?	___/___	___/___
Did you receive a refund? AMOUNT \$ _____	___/___	___/___

HOMEOWNERS Please enclose a copy of your Statement of Property Tax payable in 2023 and 2024. (2024 may not be available until March or April).

RENTERS Please attach a copy of Form CRP for 2023 (Certificate of Rent Paid). Also, Form CRP for 2022 if you have not filed for a 2022 refund.

ATTACH ALL SUPPORTING INFORMATION FOR "YES" RESPONSES.

I/WE have read all enclosed information and understand all tax filing requirements.

TAXPAYER: _____ SPOUSE: _____ DATE: _____

PLEASE SIGN THIS ORGANIZER

Minnesota K-12 Education Credit and Subtraction \$\$\$ Expenses You Can Claim \$\$\$

Credit is limited to 75 percent of actual expenses paid.

Allowable Expenses for Normal School Day Programs: (For subjects normally taught in public school grades K-12)

Instructional materials that are required and used in class during the normal school day.

Examples: paper, notebooks, shop supplies, computer paper, pens, rulers, sheet music, printer ink cartridges, pencils, art supplies, test tubes, tennis shoes, erasers, home economics supplies, science beakers, gym clothes, etc.

Books (non-religious) required for use in class during the normal school day.

Examples: textbooks, reading books, art books, math books, academic books, music books, science books, etc.

Fees and Transportation for class trips taken during the normal school day. (This does not include food, lodging, or other non-academic expenses.)

Transportation expenses that are paid to others for transporting your child to or from school during the normal school day (cannot be expenses that are incurred by the taxpayer or qualified child.) The school must be located in MN, IA, ND, SD, or WI.

Purchase or Rental of educational equipment that is required and used for class during the normal school day.

Examples: musical instruments, calculators, etc.

Allowable Expenses for After School Enrichment Programs: (Must be taught by qualified instructors)

Examples: science exploration, study-habit tutoring, academic tutoring, music lessons, dance lessons, voice lessons, driver's-education courses (if offered as part of the school curriculum), etc.

Note: Expenses paid for summer-school classes that fulfill normal school-year class requirements are allowed to the same extent as are expenses paid during the course of a normal school day.

Minnesota K-12 Education Credit and Subtraction

Computer Hardware and Educational Software

**Computer expenses up to \$200.00 for credit (if income requirements are met)
And/or \$200.00 as a subtraction, not to exceed actual expenses paid.**

Hardware includes personal computers, printers, monitors, CD-Rom drives, modems, additional hard drives, memory upgrades, and adaptive equipment for students with disabilities.

**Software must have a clear educational purpose (Encyclopedic CD, Internet access installation, etc.).
*Computer games without educational value and monthly internet fees do not qualify.**

Subtraction Expenses Only

Tuition for private schools, tuition of college courses that satisfy high school requirements, tuition for summer school.

EXPENSES YOU MAY NOT CLAIM

- * School lunch or snacks**
- * School uniforms (including choir or band uniforms, dance costumes and graduation robes).**
- * Clothing for school (exception is gym clothes which is required for class).**
- * Travel expenses, lodging, transportation (e.g., airline tickets), and meals for overnight class trips (only instructor fees paid for direct academic instruction can be allowed).**
- * Materials and misc. expenses for use in after-school programs, tutoring sessions, enrichment programs, and academic camps (Only instructor fees that are paid for direct academic instruction are allowed.)**
- * Books and materials used in any extra-curricular activities (sports events, music, drama, speech, driver's education, etc.**
- * Expenses for books, materials, and fees paid for a program that teaches religious beliefs.**
- * Expenses for pre-kindergarten classes or nursery schools.**
- * Expenses for classes after the student has left high school.**
- * Fees for non-academic programs, including sports camps, lessons, or equipment (martial arts classes, baseball camp, etc.)**
- * Hard-cover encyclopedias or reference materials.**
- * Monthly Internet access fees.**
- * Web TV.**
- * Room and board.**
- * K-12 college-class instructor fees are allowed, but only as a subtraction when the child is receiving K- 12 credit from a high school.**