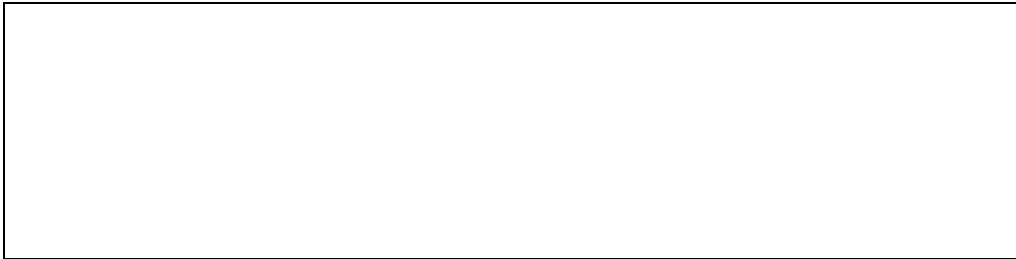
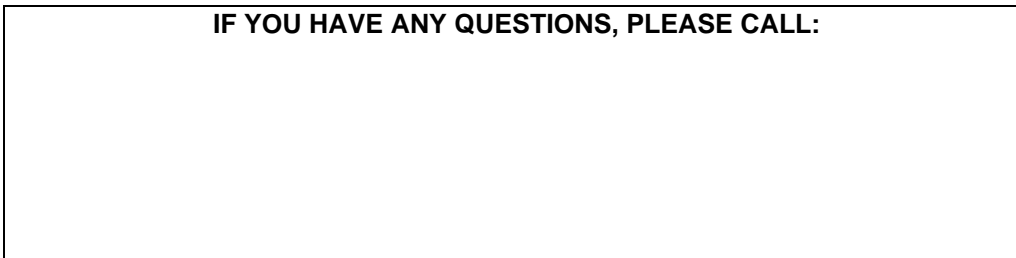


INCOME TAX ORGANIZER FOR TAX YEAR 2023

A large, empty rectangular box with a thin black border, intended for users to provide tax information or write questions and comments.

We're providing this organizer to assist you in compiling your tax information for 2023. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

An empty rectangular box with a thin black border, intended for users to provide contact information if they have any questions.

GENERAL INFORMATION

2023
(MAIN INFO)

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One

Single Married Filing Joint Married Filing Separately Head of Household Qualifying Widow(er)

If you selected head of household and have no dependents, list the name _____
and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement Signed Form 8332

Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) State of Part-year Residency 2nd State of Part-year Residency

Please use the following space for any comments you wish to make to your preparer.

2023 TAX QUESTIONS

AT ANY TIME DURING 2023:

Did you or your spouse

YES	NO

- Have a home mortgage?
- Refinance your home mortgage?
- Use a portion of your home exclusively for business?
- Have medical expenses or pay for health insurance?
- Make regular or substantial contributions to charity, church, etc.?
- If yes, did you make over \$500.00 in non-cash contributions?
- Suffer a casualty loss in a federally declared disaster area?
- Incur any out of pocket expense or use your personal vehicle in conjunction with your job while you were a member of the Armed Forces?
- Move to be closer to a new job?
- Send payments to the IRS/state in order to prepay your current year tax liability (estimated taxes) or apply an overpayment from 2022?
- Have any interest in a partnership or S-corporation, estate or trust for which you expect to receive Form K-1?
- Have any household employees to whom you paid \$1000.00 or more?
- Have a qualified fuel tax credit?
- Contribute to an: IRA? SEP? Keogh? Roth? or Simple retirement plan?
- Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?

YES	NO

- Did you or your spouse receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency (for example, Bitcoin)?
- Did you, your spouse, or any dependent receive insurance through the Marketplace?
- Did your children receive more than \$1,150 and less than \$11,500 from interest and dividends that you wish to claim on your own tax return instead of your child's?
- Did you pay child or dependent care expenses? If so, please bring names, addresses, Social Security/EIN numbers, amount paid to each provider, and amount paid for each dependent.
- Did you pay qualified post-secondary education tuition and related expenses for yourself, your spouse, or your dependents?
- Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?
- Did you pay interest on higher education loans?
- Were you a pre-college educator who purchased books or classroom supplies?
- Did you purchase a car, boat, aircraft, motor home or home building materials in 2023 or keep receipts on all sales tax items purchased in 2023?
- Were there any births, adoptions, divorces, marriages, or deaths in your household?
- Do you desire direct deposit? If yes, please attach voided check.

W-2 INCOME

2023
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

* Please include a W-2 from each of your 2023 employers.

PENSION AND RETIREMENT INCOME

2023
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2022 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2023 AMOUNTS

2022 TOTAL AMOUNT

Taxpayer Amount \$ _____

Spouse Amount \$ _____

INTEREST AND DIVIDEND INCOME

2023
(SCH B)

INTEREST INCOME			2023	2022
T,S,J*	NAME OF PAYER			
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
If you received any interest income from a seller financed mortgage, please enter the payer's name, address, and their SSN or EIN.				
	Name		SSN/EIN	
	City, State, Zip		Amount	
_____	Amount of nominee interest			
_____	Amount of accrued interest			
_____	Amount of tax-exempt interest			
_____	Amount of OID adjustment			
_____	Amount of ABP adjustment			

DIVIDEND INCOME			2023	2022
T,S,J*	NAME OF PAYER	ORDINARY		ORDINARY
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
*Taxpayer, Spouse or Joint				
Nominee Distribution Dividends				
*Please attach any 1099-INT, 1099-OID, and 1099-DIV forms				

BUSINESS INCOME AND EXPENSES

2023
(SCH C)

Your principal business or profession _____

Is this your spouse's Schedule C? _____

Business name _____

2022 Business code _____

Business address _____

Employer ID _____
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2023	2022
-------------------------	-------------	-------------

Date placed in service _____		
Miles used for: Business _____		
Commuting _____		
Other _____		

PART I INCOME		
----------------------	--	--

Gross receipts or sales _____		
Returns and allowances _____		
Other income _____		

PART II EXPENSES		
-------------------------	--	--

Advertising _____		
Car/Truck expenses _____		
Commissions _____		
Contract labor _____		
Depletion _____		
Employee benefit programs _____		
Insurance _____		
Interest - mortgage _____		
Interest - other _____		
Legal and professional services _____		
Office expense _____		
Pension and profit sharing _____		
Rent or lease - vehicles, machinery _____		
Rent - Other business property _____		
Repairs and maintenance _____		
Supplies _____		
Taxes and licenses _____		
Travel _____		
Meals and entertainment _____		
Utilities _____		
Wages _____		
Enter prior year unallowed loss (if any) _____		

OTHER EXPENSES	(SCH C PG 2)
-----------------------	---------------------

Inventory method: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other		
Inventory at beginning of year _____		
Purchases less cost of personal items _____		
Inventory at end of the year _____		

BUSINESS ASSET LIST

2023

Asset acquisition list (Please list all assets you have purchased or placed in service in 2023.)

Description	Date Acquired	Cost	To Schedule

Asset disposition list (Please list all assets you sold, traded, junked, or took out of service for any reason in 2023.)

Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.

OFFICE IN THE HOME DEDUCTION

**2023
(8829)**

2022

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2023

2022

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2022 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2022 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

CAPITAL GAINS AND LOSSES**2023
(SCH D)****Stocks, Bonds, and Non-Business Assets**

Description	Date Acquired	Date Sold	Sales Price	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Amount of short-term loss carryover from 2022 _____

Amount of long-term loss carryover from 2022 _____

RENTAL REAL ESTATE AND ROYALTIES

**2023
(SCH E)**

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
INCOME	2023	2022	2023	2022	2023	2022
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2023						
Did you actively participate in this venture?						
Did you use this property for personal use?						

RENTAL REAL ESTATE AND ROYALTIES

2023
(SCH E-DUP)

KIND OF PROPERTY	Property A		Property B		Property C	
	2023	2022	2023	2022	2023	2022
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
INCOME	2023	2022	2023	2022	2023	2022
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2023						
Did you actively participate in this venture?						
Did you use this property for personal use?						

PARTNERSHIP AND S-CORPORATION INCOME

2023
(K-1 P/S)

Your 2022 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2023.

ESTATE AND TRUST INCOME

2023
(K-1 E/T)

Your 2022 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2023.

FARM INCOME AND EXPENSES

2023
(SCH F)

Your principal product _____

Is this your spouse's Schedule F? _____

Enter date if you disposed of or sold this business during the year _____

2022 Activity Code _____

Employer ID _____
(Not SSN)

PART I INCOME	2023	2022
Sales of livestock and other items you bought for resale not reported above	_____	_____
Cost or other basis of livestock and other resale items reported above	_____	_____
Sales of livestock, produce, grains and other raised products not reported above	_____	_____
Total cooperative distributions	_____	_____
Agricultural program payments	_____	_____
Commodity Credit Corporation loans	_____	_____
Crop insurance/disaster payments	_____	_____
Custom hire income not reported above	_____	_____
Other income not reported above	_____	_____
PART II EXPENSES		
Car and Truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Custom hire	_____	_____
Employee benefit programs	_____	_____
Feed purchases	_____	_____
Fertilizer and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel and oil	_____	_____
Insurance	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Labor hired	_____	_____
Pension and profit sharing plans	_____	_____
Rent or lease - vehicles, machinery and equipment	_____	_____
Rent or lease other business property	_____	_____
Repairs and maintenance	_____	_____
Seeds and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Veterinary, breeding and medicine	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Enter prior year unallowed loss (if any)	_____	_____

FARM INCOME ACCRUAL METHOD ONLY

**2023
(SCH F)**

	2023	2022
Sales of livestock, produce, grains and other products not reported above	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance proceeds	_____	
Custom hire income not reported above	_____	
Other income not reported above	_____	
Inventory at beginning of year	_____	
Cost of inventory during the year	_____	
Inventory at end of year	_____	

OTHER INCOME AND ADJUSTMENTS

2023

OTHER INCOME			2023	2022
Seller Financed Mortgages				
Payer	Principal	Interest	Interest	
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
State and Local Income Tax Refunds Received in 2023				
State or Local jurisdiction	_____	Amount received	_____	
State or Local jurisdiction	_____	Amount received	_____	
State or Local jurisdiction	_____	Amount received	_____	
Unemployment (Please attach 1099G(s)).			2023	2022
Amount received:			_____	
Amount repaid:			_____	
Alimony amount received			_____	
Other Income				
Type:	_____	Amount:	_____	

ADJUSTMENTS	Taxpayer 2023	Taxpayer 2022	Spouse 2023	Spouse 2022
Educator expense	_____		_____	
Self-employed retirement plans	_____		_____	
Self-employed health insurance paid	_____		_____	
IRA'S				
Traditional	_____		_____	
Roth	_____		_____	
Student loan interest	_____		_____	
Alimony Paid				
To whom paid:	_____	Amount:	_____	
SSN:	_____			
Other Adjustments				
Type:	_____	Amount:	_____	

W-2G INCOME

2023
(W-2G)

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2023 payers.**

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2023 TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2024.**

Federal payments

State of ___ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2023: _____

State/local estimate payment for 2022, due January 15, 2023, paid on or after January 1, 2023: _____

ITEMIZED DEDUCTIONS

2023
(SCH A)

	*T,S,J	2023	2022
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Personal property taxes	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash	_____	_____	_____
Number of charity miles	_____	_____	_____

CHILD AND DEPENDENT CARE EXPENSES

2023
(2441)

Please list all care providers and the amounts paid to them in 2023. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

***You may change or delete any information that does not apply to the current year.**