

**F  
R  
O  
M**

**Koontz, Blasquez & Associates, P.C  
920 Elm Street SW  
P.O. Box 605  
Allbany, Oregon 97321**

## **2023 TAX ORGANIZER**

**T  
O**

**This tax organizer has been prepared for your use in gathering the information needed for your 2023 tax return.**

**To save you time, selected information from your 2022 tax return has been entered in this organizer. Please line through any information that does not apply to your 2023 tax return.**

**In some cases, 2022 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**KOONTZ, BLASQUEZ**  
ASSOCIATES, P.C.  
CERTIFIED PUBLIC ACCOUNTANTS

January 2024

Dear Clients:

Happy New Year!

Enclosed is your 2023 organizer. We encourage you to complete and return the organizer to our office with all of your 2023 tax return information. Even if you do not complete the organizer, **please sign the attached engagement letter** and include the organizer with your tax data when you bring it in to the office, as we use it to prepare and process your tax returns.

Please review addresses and phone numbers and update as necessary. If direct deposit or electronic withdrawal is selected, please review your bank account information and update it if necessary. Please be sure your birth date and the birth dates of your spouse and children are correct. If a child was born during 2023, be sure to provide their full name, date of birth, and social security number. Please review your list of dependents and ensure it is up to date.

If you transacted in digital assets, such as Bitcoin, during the tax year, you may have tax consequences and/or additional reporting obligations associated with such transactions. Depending on the nature or volume of those transactions, a change to the scope of services may be required. You are responsible for providing us with complete and accurate information, including basis, regarding any transaction in, or transaction that used, digital assets during the year.

In order to prepare your returns this year, **we are required** to obtain all of your Forms W-2; Forms 1099 from retirement, interest, dividends, and brokers; bank Forms 1098; and any other official IRS documents.

Taxpayers will continue to receive Forms 1095-A, B and C, which pertain to health insurance coverage. **In order to complete your 2023 return, we must have all copies of any and all Forms 1095-A.** This form provides us with the necessary information to report your health insurance coverage and calculate any credit. **We also draw your attention to “Questions (Pages 1-2 of 5)” of the organizer. Please answer all the questions related to healthcare at the bottom of “Questions (Page 1 of 5)” and top of “Questions (Page 2 of 5).”**

The ability to itemize deductions has been dramatically decreased because the laws provide a much larger standard deduction. However, we still need to accumulate the information on your medical, tax, mortgage interest, charity, and other deductions in order to apply the new rules, and to complete your **state** tax returns.

It will be important to bring copies of all correspondence from the Internal Revenue Service or the Oregon Department of Revenue.

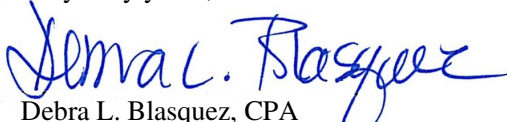
Some of you may notice a new signature on your tax returns this year. Peter Gelser, CPA, who has been an associate for many years, became a partner in the firm in 2020. In an effort to equalize the workload, some clients have been reassigned to him.

We try to work on a three-week turnaround, but we may need to extend your returns based on workload and/or the date we receive your complete tax information.

As you are aware, costs of goods and services have been increasing over the past few years; accordingly, we will be significantly increasing our fees for the first time in several years.

We look forward to serving your 2023 tax return needs and want to express our appreciation for this opportunity to work for you. If you have any questions or would like to set up an appointment to see us, please contact our office.

Very truly yours,

  
Debra L. Blasquez, CPA  
Koontz, Blasquez & Associates, P.C.

920 Elm Street SW • P.O. Box 605 • Albany, Oregon 97321  
(541) 926-5543 • (541) 967-9460 fax

**KOONTZ, BLASQUEZ**  
ASSOCIATES, P.C.  
CERTIFIED PUBLIC ACCOUNTANTS

**PRIVACY POLICY**

2023

Dear Valued Client:

The Gramm-Leach-Bliley Act and the related Federal Trade Commission (FTC) regulations contain restrictions on the disclosure of personal financial information of certain individual clients and require the distribution of privacy notices to clients. At Koontz, Blasquez & Associates, P.C., as a provider of personal financial services, we are required by law to inform our clients of our policies regarding privacy of client information. Koontz, Blasquez & Associates, P.C. has been and continues to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

**Types of Nonpublic Personal Information We Collect**

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

**Parties to Whom We Disclose Information**

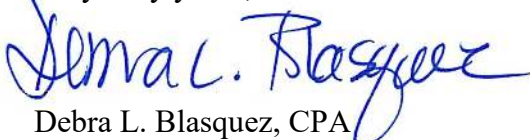
For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

**Protecting the Confidentiality and Security of Current and Former Clients' Information**

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs, and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Very truly yours,



Debra L. Blasquez, CPA  
Koontz, Blasquez & Associates, P.C.

# KOONTZ, BLASQUEZ

ASSOCIATES, P.C.

## CERTIFIED PUBLIC ACCOUNTANTS ENGAGEMENT LETTER

Dear Client:

Thank you for choosing Koontz, Blasquez & Associates, P.C. This letter is to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2023 federal and necessary state and local income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. Our office is not responsible for storing your records. You have the final responsibility for the accuracy of your tax returns. We will provide you with a copy of your tax returns and accompanying schedules and statements for review prior to filing with the IRS, state, and local tax authorities, as applicable. You agree to review and examine them carefully for accuracy and completeness.

We will perform accounting services only as needed to prepare your tax returns. Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist.

It is our duty to prepare your returns based on the same standard of care that a reasonable tax preparer would exercise in this type of engagement. Unless otherwise noted, the applicable standard of care shall be based upon the U.S. Treasury Department Circular 230 and the Internal Revenue Code, Treasury Regulations, and any applicable state/local corollaries (collectively, the Code). As tax return preparers, we are prohibited from signing a tax return unless we have a reasonable belief that there is substantial authority for tax positions taken on the tax return. If you request that we report a tax position on your return that we feel is contrary to published guidance, frivolous, or a willful attempt to evade tax, we will be unable to proceed. If you are unwilling to disclose a position where required or we conclude that your failure to disclose does not permit us to sign your tax return, we will be unable to proceed. If a tax authority should later contest any position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for such additional penalties, interest, or assessments.

Federal, state, and local tax authorities impose various penalties and interest charges for noncompliance with tax laws and regulations, including failure to file or late filing of returns, and underpayment of taxes. You will be responsible for the payment of any additional tax, penalties, and interest charges imposed by tax authorities. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2024 tax year based upon the information you provide to prepare your 2023 tax returns (the "safe harbor" rule). Updating recommended payments to more closely reflect your actual current year's income is not within the scope of this engagement. If you would like us to provide this service, and we agree to do so, we will confirm this update by a separate verbal or written agreement.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. Unpaid balances 30 days or more past due are subject to a late payment penalty charge of 2% per month.

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office. We appreciate this opportunity to work with you.

KOONTZ, BLASQUEZ & ASSOCIATES, P.C.

Accepted by:

**Taxpayer**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Spouse (if applicable)**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

920 Elm Street SW • P.O. Box 605 • Albany, Oregon 97321

(541) 926-5543 • (541) 967-9460 fax

**F  
R  
O  
M**

**2023 TAX ORGANIZER**

**T  
O**

**KOONTZ, BLASQUEZ & ASSOCIATES, P.C.  
920 ELM ST SW  
PO BOX 605  
ALBANY OR 97321**

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

<b><u>Form</u></b>	<b><u>Form</u></b>
Alimony Paid or Received ..... 13	Gambling Winnings ..... 21
Annuity Payments Received ..... 9A	Gifts ..... 34, 35
Application of Refund ..... 20	Health Savings Accounts ..... 13A
Business Income and Expenses ..... 6, 6A	Household Employment Taxes ..... 19
Business Use of Home:	Installment Sale Receipts ..... 7
Business ..... 6D	Interest Income ..... 5A
Employee Business Expenses ..... 17B	Interest Paid ..... 14A
Farm ..... 12E	Investment Interest Expense ..... 14A
Itemized Deductions ..... 16A	IRA Contributions ..... 9
Passthrough ..... 11B	IRA Distributions ..... 9
Rental ..... 10E	Keogh Plan Contributions ..... 9A
Calendar ..... 33	Medical and Dental Expenses ..... 14
Casualty or Theft Losses ..... 16	Ministerial Income ..... 13B
Child and Dependent Care Expenses ..... 18	Miscellaneous Income and Adjustments ..... 13
Consolidated Brokerage Statements:	Miscellaneous Itemized Deductions ..... 16
Interest Income & Foreign Information ..... 5E	Mortgage Interest Paid ..... 14A
Dividend Income & Foreign Information ..... 5F	Moving Expenses ..... 8
Sales of Stocks, Securities, Capital Assets & Misc. Income 5G	Partnership Income ..... 11
Contributions ..... 15	Pension Income ..... 9A
Dependent Information ..... 3A	Personal Information ..... 3
Depreciable Property and Equipment:	Railroad Retirement Benefits ..... 13
Business ..... 6A	Real Estate Mortgage Investment Conduit Income (REMIC) ... 11
Employee Business Expenses ..... 17A	Rental and Royalty Income and Expenses ..... 10, 10A
Farm ..... 12B	Roth IRA Contributions/Conversions ..... 9
Rental and Royalty ..... 10B	S Corporation Income ..... 11
Direct Deposit Information ..... 4A	Sale of Stock, Securities and Other Capital Assets ..... 7
Dividend Income ..... 5B	Sale of Your Home ..... 8
Education Expenses ..... 18	Savings Bond Purchases ..... 4B
Educator (Teacher) Expenses ..... 13A	SEP/SIMPLE Plan Contributions ..... 9A
Electronic Filing ..... 4	Social Security Benefits ..... 13
Employee Business Expenses ..... 17, 17A	State and Local Tax Refunds ..... 13
Estate Income ..... 11	Student Loan Interest ..... 13A
Farm Income and Expenses ..... 12, 12A, 12B	Taxes Paid ..... 14
Federal, State and City Estimated Taxes ..... 20, 20A	Trust Income ..... 11
Foreign Assets ..... 5C, 5D	Unemployment Compensation ..... 13
Foreign Employment Information ..... 30, 30A, 30B	Vehicle/Other Listed Property Information:
Foreign Housing Expenses ..... 30C	Business ..... 6B, 6C
Foreign Taxes ..... 32	Employee Business Expenses ..... 17A
Foreign Travel and Workdays ..... 30D	Farm ..... 12C, 12D
Foreign Wages and Other Income ..... 31, 31A, 31B	Rental and Royalty ..... 10C, 10D
	Partnership/S Corporation ..... 11A
	Wages and Salaries ..... 3A



The following questions pertain to the 2023 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change? .....		
Are you married? .....		
If Yes, do you and your spouse want to file separate returns? .....		
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....		
Can you or your spouse be claimed as a dependent by another taxpayer? .....		
Did you or your spouse serve in the military or were you or your spouse on active duty? .....		

Dependents:

Were there any changes in dependents from the prior year? .....		
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....		
Do you have any children under age 18 with unearned income more than \$1,250? .....		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,250? .....		
Did you adopt a child or begin adoption proceedings? .....		
Are any of your dependents non-U.S. citizens or non-U.S. residents? .....		

Healthcare:

Did you obtain healthcare coverage through the Marketplace? .....		
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? .....		
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? .....		
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? .....		
Are any of your dependents required to file a tax return? .....		



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?  Yes  No
- Were you eligible for employer-sponsored healthcare coverage?
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?    
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?    
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?    
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?    
If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?    
If Yes, how many months were you covered? \_\_\_\_\_

Education:

- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?
- Did you or your spouse pay any student loan interest?
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?    
If Yes, include all Forms 1099-Q.  
If Yes, were the amounts withdrawn used for qualified tuition expenses?

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?    
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?
- Did you or your spouse make any large purchases, such as motor vehicles and boats?
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?    
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?





Investments:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements.  |                          |                          |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details.   |                          |                          |
| Did you or your spouse close any open short sales? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make a qualified charitable distribution directly from an IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____   |                          |                          |

Personal Residence:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did your address change? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address.  |                          |                          |
| If Yes, did you move to a different home because of a change in the location of your job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$750,000? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Did you or your spouse take out a home equity loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA.  |                          |                          |



**Sale of Your Home:**

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$17,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,600 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? .....	<input type="checkbox"/>	<input type="checkbox"/>
In 2023, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)? .....	<input type="checkbox"/>	<input type="checkbox"/>
In 2023, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness? .....	<input type="checkbox"/>	<input type="checkbox"/>
If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) _____		
If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount _____		
Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? .....	<input type="checkbox"/>	<input type="checkbox"/>

Additional state pages have been included at the back of the organizer and should be reviewed.



2023

# Personal Information

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_  Does not expire

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License  State-Issued ID  No Identification

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_  Does not expire

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License  State-Issued ID  No Identification

**Contact Information:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

**Personal Identification Numbers:**  Code - 1 - Issued by IRS  2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit [IRS.gov](http://IRS.gov) to retrieve it or apply.

TS	State	City	Code	PIN

## Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2023

# Dependents and Wages

3A

## Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,700?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



2023

# Direct Deposit and Withdrawal

4A

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2022, your account information is already included below.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.







2023

# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2022 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2023

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2023:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2023 Amount	2022 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2023 Amount	2022 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC


Other Income:


Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

2023 Amount	2022 Amount

### Cost of Goods Sold:

Beginning inventory \_\_\_\_\_  
 Purchases less cost of items withdrawn for personal use \_\_\_\_\_  
 Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_  
 Materials and supplies \_\_\_\_\_  
 Other costs of goods sold: \_\_\_\_\_

Description	2023 Amount	2022 Amount

Ending inventory \_\_\_\_\_



2023

Business Expenses and Property & Equipment

6A

Name of Business:

Principal Business or Profession:

Expenses:

- Advertising
Car and truck expenses
Parking fees and tolls
Commissions and fees
Contract labor
Employee benefit programs and health insurance (other than pension and profit-sharing plans)
Insurance (other than health)
Interest - mortgage (paid to banks, etc.)
Interest - other
Legal and professional fees
Office expense
Pension and profit-sharing plans
Rent or lease - vehicles, machinery and equipment
Rent or lease - other business property
Repairs and maintenance
Supplies (not included in Cost of Goods Sold)
Taxes and licenses
Travel
Meals
Entertainment (deductible only on some state returns)
Utilities
Wages
Dependent care benefits

Table with 2 columns: 2023 Amount, 2022 Amount

Other Expenses:

Table with 3 columns: Description, 2023 Amount, 2022 Amount

Property and Equipment: Include a list if more space is needed

Table with 4 columns: X if not new, Acquisitions - Description, Date Acquired (Mo/Da/Yr), Cost

Table with 5 columns: Dispositions - Description, Date Acquired (Mo/Da/Yr), Cost, Date Sold (Mo/Da/Yr), Selling Price



# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2023:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

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

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

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2023 Miles	2022 Miles
2023 Amount	2022 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2023 Miles	2022 Miles
2023 Amount	2022 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2023

# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2023	2022

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2023

# Sales of Stocks, Securities, Capital Assets & Installment Sales

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

- Mutual fund transactions .....
- Exchange of any securities or investments for something other than cash .....
- Sales of inherited property .....
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....
- Commodity sales, short sales or straddles .....
- Reinvestment of the proceeds of gains in a qualified opportunity fund .....
- Sale of any investments in qualified opportunity funds .....
- Debts that became uncollectible .....
- Securities that became worthless .....
- Sale of any property where you will receive payments in future years .....

Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

**Installment Sales:** **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2023 Principal Received	2022 Principal Received



**Sale or Exchange of Your Home:**

**Include the closing statements from the purchase and sale of your former and new homes**

**Former Home Information:**

TSJ .....

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

**Original Cost and Cost of Improvements:**

Description	Amount

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

**Moving Expenses:**

TSJ .....

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

**Mileage:**

Number of miles from old home to new workplace (applicable only on some state returns) .....

Number of miles from old home to old workplace (applicable only on some state returns) .....

Number of automobile miles .....

Miles

**Transportation Expenses:**

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....

Amount



**Individual Retirement Account (IRA):** Include all copies of Forms 1099-R and 5498.

TS .....

**IRA Questions for 2023:**

- Are you covered by an employer's retirement plan? .....
- If no, is your spouse covered by an employer's retirement plan? .....
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....
- Did you use any IRA as security for a loan this year? .....
- Did you have any transactions with any IRA during the year? .....
- If Yes, explain. \_\_\_\_\_

Yes	No

**IRA Values, Rollovers, and Distributions:**

- Total value of all traditional IRAs on December 31, 2023 .....
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2023 .....
- Total distributions converted to Roth IRAs .....
- Total retirement plans converted to Roth IRAs .....

**Contributions:**

- IRA:
  - Contributions in 2023 for the 2023 tax return .....
  - Contributions in 2024 for the 2023 tax return .....
  - Amount for 2023 you choose to be treated as nondeductible .....
- Roth IRA:
  - Contributions made for the 2023 tax year .....

**Distributions:** Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2023 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2022 Gross Distributions





2023

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2023 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2022 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

**Taxpayer**

Yes	No

**Spouse**

Yes	No

**Contributions to:**

Simplified employee pension .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

**2023 Amount**


**2023 Amount**




2023

# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ .....  
Type of property .....

Yes	No
-----	----

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....  
How many days was this property rented at fair market value? .....  
How many days was this property used personally (including use by family members)? .....

2023	2022

**Income:**

Rents received .....  
Royalties received .....

2023 Amount	2022 Amount

Payment card and third party transactions:  Include all Forms 1099-K

Description	2023 Amount	2022 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2023 Amount	2022 Amount

Other income:

Description	2023 Amount	2022 Amount



2023

# Rental and Royalty Expenses

10A

Location of Property: \_\_\_\_\_

**Expenses:**

- Advertising .....
- Auto and travel .....
- Cleaning and maintenance .....
- Commissions .....
- Insurance .....
- Legal and other professional fees .....
- Management fees .....
- Mortgage interest paid to banks, etc. ....
- Mortgage interest paid to individuals .....
- Other interest .....
- Repairs .....
- Supplies .....
- Taxes .....
- Utilities .....
- Dependent care benefits .....
- Employee benefits .....
- Other Expenses:

2023 Amount	2022 Amount

Description	2023 Amount	2022 Amount



2023

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment: Include a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2023 Amount	2022 Amount



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

**Listed Property Questions for 2023:**

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

**If you are an employer who provides vehicles for use by employees:**

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicle:**

Description of vehicle .....

Date placed in service (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2023 Miles	2022 Miles
2023 Amount	2022 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2023 Miles	2022 Miles
2023 Amount	2022 Amount

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year .....

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2023

# Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



2023

# Farm Income (Page 1 of 2)

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Farm Questions for 2023:

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

	2023 Amount	2022 Amount
Health insurance premiums paid for yourself and your dependents		

### Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2023		2022	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

### Income:

	2023 Amount	2022 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2023		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



2023

# Farm Income (Page 2 of 2)

12A

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

**Income:**

Payment card and third party transactions:  Include all Forms 1099-K

Description	2023 Amount	2022 Amount

Government payments:  Include all Forms 1099-G

Description	2023 Amount	2022 Amount

Miscellaneous income:  Include all Forms 1099-MISC and 1099-NEC

Description	2023 Amount	2022 Amount

Other income:

Description	2023 Amount	2022 Amount







2023

# Farm Vehicle and Other Listed Property

12C

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Listed Property Questions for 2023:

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1		Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2023 Miles	2022 Miles	2023 Miles	2022 Miles
2023 Amount	2022 Amount	2023 Amount	2022 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc . . .

Interest .....

Taxes .....

Fair market value of leased vehicle . . .

Vehicle rentals/leases .....



2023

# Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

### Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2023				
Social security benefits received				
Social security benefits repaid in 2023				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2023				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

### State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

### Other Income:

TSJ	Nature and Source	2023 Amount	2022 Amount

### Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2023 Amount	2022 Amount



2023

# Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2023 Amount	2022 Amount

**Health Savings Accounts (HSAs)** Include all Forms 1099-SA

TS	Description	2023 Amount	2022 Amount
	Contributions made for 2023		
	Distributions received from all HSAs in 2023		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

Yes	No

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2023 Amount	2022 Amount



**Medical and Dental Expenses:**

Prescription medicines and drugs .....

Total medical insurance premiums paid \* .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Personal protective equipment .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

TSJ	2023 Amount	2022 Amount

Taxpayer long-term care insurance premiums paid .....

Spouse long-term care insurance premiums paid .....

2023 Amount	2022 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

TSJ	Description	2023 Amount	2022 Amount

**Taxes Paid:** Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

TSJ	2023 Amount	2022 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2023 Amount	2022 Amount

**Other Taxes Paid:**

TSJ	Description	2023 Amount	2022 Amount

If you purchased or sold your home in 2023, did you include any taxes from your closing statement in the amounts above?  Yes  No



2023

Mortgage Questions for 2023:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2023 Amount	2022 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2023 Amount	2022 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2023 Amount	2022 Amount
		Yes	No		

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2023 Amount	2022 Amount



**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2023 Amount	2022 Amount

TSJ	Conservation Real Property	2023 Amount	2022 Amount
	100% limit		
	50% limit		

TSJ	Description	2023 Miles	2022 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2023 Amount	2022 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange
- 2 - Inheritance    4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



\* These expenses are not deductible on the federal return but may be deductible on some state returns.

**Miscellaneous Itemized Deductions:**

- Union and professional dues \* .....
- Tax preparation fee \* .....
- Professional subscriptions \* .....
- Hobby expense (To extent of income) \* .....
- Safe deposit box \* .....
- Uniforms and protective clothing \* .....
- Work tools \* .....
- Gambling losses .....
- Estate taxes .....

TSJ	2023 Amount	2022 Amount

**Other Itemized Deductions:**

**Examples:**

- Certain legal and accounting fees \*
- Investment expenses \*
- Custodial fees \*
- Employment agency fees \*
- Certain educational expenses \*
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

TSJ	Description	2023 Amount	2022 Amount

**Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use  
  Business use  
  Income producing  
  Employee Use  
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? .....  Yes  No

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....





2023

# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
 Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2022 but paid in 2023 .....  
 Employer-provided dependent care benefits that were forfeited in 2023 .....  
 2022 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....  
 Provider was a household employee  Yes  No

	2023 Amount	2022 Amount
Expenses incurred and paid in 2023		
Expenses incurred and not paid in 2023		

**Provider 2:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....  
 Provider was a household employee  Yes  No

	2023 Amount	2022 Amount
Expenses incurred and paid in 2023		
Expenses incurred and not paid in 2023		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Dis-abled	2023 Expenses Incurred	2022 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2023 Qualified Expenses



General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,400 or more in 2023? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

Table with 2 columns: 2023 Amount, 2022 Amount. Rows correspond to Social Security, Medicare, and Income Taxes categories.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 3 columns: State, Total Cash Wages Subject to FUTA, 2022 Amount.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2024

Table with 5 columns: Name of State, Total Taxable Wages, Contribution Paid to Unemployment Fund, X, 2022 Amount.



2023

# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2023 taxes, do you want the excess:

Refunded .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2024 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## Federal Estimated Tax Payments:

2023 1st Quarter Estimate .....	(Due 04-18-2023)
2023 2nd Quarter Estimate .....	(Due 06-15-2023)
2023 3rd Quarter Estimate .....	(Due 09-15-2023)
2023 4th Quarter Estimate .....	(Due 01-16-2024)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2022 overpayment applied to 2023 estimate .....

## Tax Planning Information for Tax Year 2024:

Do you expect any of the following to occur in 2024?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2023

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2023 1st Quarter Estimate .....

2023 2nd Quarter Estimate .....

2023 3rd Quarter Estimate .....

2023 4th Quarter Estimate .....

If you have an overpayment of 2023 taxes, do you  
want the excess applied to your 2024 estimated tax liability?  Yes  No

2022 overpayment applied to 2023 estimate .....

Balance of prior year(s)' tax paid in 2023 plus  
amount paid with 2022 extensions .....

Estimated tax payments for 2022 paid in 2023 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2023 1st Quarter Estimate .....

2023 2nd Quarter Estimate .....

2023 3rd Quarter Estimate .....

2023 4th Quarter Estimate .....

If you have an overpayment of 2023 taxes, do you  
want the excess applied to your 2024 estimated tax liability?  Yes  No

2022 overpayment applied to 2023 estimate .....

Balance of prior year(s)' tax paid in 2023 plus  
amount paid with 2022 extensions .....

Estimated tax payments for 2022 paid in 2023 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2023 1st Quarter Estimate .....

2023 2nd Quarter Estimate .....

2023 3rd Quarter Estimate .....

2023 4th Quarter Estimate .....

If you have an overpayment of 2023 taxes, do you  
want the excess applied to your 2024 estimated tax liability?  Yes  No

2022 overpayment applied to 2023 estimate .....

Balance of prior year(s)' tax paid in 2023 plus  
amount paid with 2022 extensions .....

Estimated tax payments for 2022 paid in 2023 .....





**NOTE: Only complete Forms 34 and/or 35 if in 2023:**

- You made gifts of cash or marketable securities to an individual that exceeded \$17,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....			
Address of person .....			
Your relationship to the person (e.g., son, granddaughter or friend) .....			
Age of the person .....			
Date(s) of gift(s) ..... (Mo/Da/Yr) .....			
Description and amount of assets gifted (e.g., \$17,000 in cash or 500 shares of ABC stock) .....			
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....			
Address of person .....			
Your relationship to the person (e.g., son, granddaughter or friend) .....			
Age of the person .....			
Date(s) of gift(s) ..... (Mo/Da/Yr) .....			
Description and amount of assets gifted (e.g., \$17,000 in cash or 500 shares of ABC stock) .....			
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			









2023

General Information:

Do you qualify as disabled?
If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

Taxpayer Spouse Yes No Yes No

Table with columns: TSJ, Payer's Name, From (Mo/Da/Yr), To (Mo/Da/Yr)

Residency Information:

If you did not live in Oregon for all of 2023, enter the dates you did live in Oregon
Enter the state names other than Oregon where you had income

From (Mo/Da/Yr) To (Mo/Da/Yr)

Education Savings:

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?
If Yes, enter the following:

Yes No

Table with columns: TS, Name of Designated Beneficiary, Social Security Number, Portfolio Number, Account Number, 2023 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Table listing various organizations like American Red Cross, Oregon Historical Society, Alzheimer's Disease Research, etc., with input boxes for contribution amounts.

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Form with checkboxes for political parties: Constitution, Republican, Democratic, Pacific Green, Independent, Progressive, Libertarian, Working Families for both Taxpayer and Spouse.

