

2023 Tax Organizer Personal Information

Personal Information

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

Filing status at the end of 2023

Single Married Widowed - If widowed and your spouse died after December 31, 2021, enter the date of death _____

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? _____

Yes No

Are you or your spouse blind?

Are you or your spouse disabled?

Are you or your spouse a full-time student?

Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

At any time during 2023 did you:

(a) receive (as a reward, award, or payment for property or service) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

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

Appointment Information

Your 2023 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

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

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

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

Other Income and Adjustments

Name:

SSN:

Other Income

Table with 3 columns: Description, 2023 Taxpayer, 2023 Spouse. Rows include Social Security Benefits, Railroad Retirement Benefits, State income tax refund, Alimony received, Unemployment compensation, Gambling winnings, Alaska Permanent Fund, Jury duty pay, ABLE distributions, Scholarships or grants, and Other income.

Adjustments

Table with 3 columns: Description, 2023 Taxpayer, 2023 Spouse. Rows include Educator expenses, Contributions made to a Health Savings Account (HSA), Payments made for Self-Employed Health Insurance, Alimony paid, Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K, Contributions made to an Individual Retirement Account (IRA), Contributions made to a Roth IRA, Interest paid on a student loan, and Other adjustments.

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____

This business started or was acquired during 2023.

This business was disposed of during 2023.

Select if this business is for:

Professional gambler

Newspaper delivery and you are under 18 years of age

Exempt Notary income

A clergy

Yes No

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

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

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2023?

Income

	2023		2023
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

	2023		2023
Advertising	_____	Repairs & maintenance	_____
Car & truck expenses	_____	Supplies	_____
Commissions & fees	_____	Taxes & licenses	_____
Contract labor	_____	Travel	_____
Depletion	_____	Total meals	_____
Employee benefit programs	_____	Utilities	_____
Insurance (other than health)	_____	Wages	_____
Interest - mortgage	_____	Family health coverage payments for taxpayer, spouse or dependents	_____
Interest - other	_____	Other expenses (list)	_____
Legal & professional services	_____		_____
Office expenses	_____		_____
Pension & profit-sharing plans	_____		_____
Rent or lease (vehicles, machinery, & equipment)	_____		_____
Rent (other business property)	_____		_____

Cost of Goods Sold

	2023		2023
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method.	

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

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

Yes No

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

Mileage

Number of miles the vehicle was driven during 2023

Business _____ Other _____
 Commuting _____

Expenses

Garage rent _____	Repairs _____
Gas _____	Tires _____
Insurance _____	Tolls _____
Licenses _____	Lease addback _____
Oil _____	Other expenses
Parking fees _____	_____
Rental fees _____	_____
Interest _____	_____
Property tax _____	_____

Business Use of Home

Name of business home is used for _____

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

What is the total square footage of your home? _____

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

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____	_____	_____
Real estate taxes _____	_____	_____
Excess mortgage interest _____	_____	_____
Excess real estate taxes _____	_____	_____
Insurance _____	_____	_____
Rent _____	_____	_____
Repairs & maintenance _____	_____	_____
Utilities _____	_____	_____
Other expenses _____	_____	_____

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

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

TS Principal product Employer ID number

Accounting method, if not cash: Accrual

This farm was disposed of during 2023.

Yes No

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

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

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2023?

Income

Table with 2 columns for 2023 and 2023. Rows include: Sale of livestock / other items, Custom hire income, Cost of items bought for resale, Beginning inventory for accrual, Sale of products you raised, Ending inventory for accrual, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, and Amount deferred from 2022.

Expenses

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

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ _____ Employer ID Number _____

Description _____

This farm was disposed of during 2023

Income

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

Expenses

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

Household Employment

Name:

SSN:



TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,600 or more in 2023?

Did you withhold federal income tax during 2023 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2023 by April 15, 2024?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,600 or more in 2023?

Did you withhold federal income tax during 2023 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2023 by April 15, 2024?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

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

Taxes Paid

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

Interest Paid

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

Charitable Contributions

Donations to charity
Cash Noncash Amount
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

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

Job Expenses & Certain Miscellaneous Deductions

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

Other Information

Name:

SSN:

Mortgage Interest Provide all copies of Form 1098

Table with 5 columns: TSJ, Lender's Name, Mortgage Interest Received, Mortgage Insurance Premiums, Real Estate Taxes Paid. Includes multiple rows for data entry.

Employee Business Expenses

TS _____

Select if you are:

- Checkboxes for: A qualified performing artist, A fee-based state or local government official, A disabled employee with impairment-related work expenses, An Armed Forces reservist, You are a member of the clergy.

Select if you:

- Checkbox for: Used your personal vehicle for your job during 2023

Table for Employee Business Expenses with columns: NOT reimbursed by your employer, Reimbursed by your employer not included in box 1 of your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

TSJ _____ FEMA code _____

TSJ _____ FEMA code _____

Property description _____

Property description _____

Property location _____

Property location _____

Date property was acquired _____

Date property was acquired _____

Date property was damaged or stolen _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Cost of property damaged or stolen _____

Fair market value before incident _____

Fair market value before incident _____

Fair market value after incident _____

Fair market value after incident _____

Insurance reimbursement _____

Insurance reimbursement _____

Other Information

Name: _____

SSN: _____

Health Savings Account

TS _____

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

Taxpayer only Family

2023

HSA contributions made for 2023 _____

Total distributions from all HSAs during 2023 _____

Distributions included above that were rolled over into another account _____

Qualified medical expenses paid using HSA distributions _____

Education Expenses Provide all copies of Form 1098-T

Student name _____

Student name _____

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

Student name _____

Student name _____

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

Job-related Moving Expenses

TSJ _____

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

2023

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expenses to transport and store household goods and personal effects _____

Travel and lodging expenses while traveling to your new home _____

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ _____ Payer's Federal ID Number _____

Payer's name _____

Payer's address _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Payer's phone _____

Account number _____

	2023	2022		2023	2022
Unemployment compensation	_____	_____	State _____ State ID _____	_____	_____
Unemployment compensation repaid in current year	_____	_____	State unemployment	_____	_____
State / local tax refunds / credits	_____	_____	State withholding	_____	_____
Tax year	_____	_____	Locality name _____	_____	_____
Federal tax withheld	_____	_____	Local payments	_____	_____
RTAA payments	_____	_____	Local withholding	_____	_____
Taxable grants	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Agriculture	_____	_____			
<input type="checkbox"/> Trade / business					
Market gain	_____	_____			

TSJ _____ Payer's Federal ID Number _____

Payer's name _____

Payer's address _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Payer's phone _____

Account number _____

	2023	2022		2023	2022
Unemployment compensation	_____	_____	State _____ State ID _____	_____	_____
Unemployment compensation repaid in current year	_____	_____	State unemployment	_____	_____
State / local tax refunds / credits	_____	_____	State withholding	_____	_____
Tax year	_____	_____	Locality name _____	_____	_____
Federal tax withheld	_____	_____	Local payments	_____	_____
RTAA payments	_____	_____	Local withholding	_____	_____
Taxable grants	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Agriculture	_____	_____			
<input type="checkbox"/> Trade / business					
Market gain	_____	_____			

Installment Sale Income

Name:

SSN:

[Redacted area]

TSJ _____ Description of property: _____

Date acquired _____	Date sold _____	2023	Prior years
Selling price		_____	_____
Mortgages assumed		_____	_____
Cost of property sold		_____	_____
Depreciation allowed		_____	_____
Commissions and expense of sale		_____	_____
Gross profit percentage		_____	_____
Interest received		_____	_____
Principal payments received		_____	_____
Property was sold to a related party <input type="checkbox"/>			

TSJ _____ Description of property: _____

Date acquired _____	Date sold _____	2023	Prior years
Selling price		_____	_____
Mortgages assumed		_____	_____
Cost of property sold		_____	_____
Depreciation allowed		_____	_____
Commissions and expense of sale		_____	_____
Gross profit percentage		_____	_____
Interest received		_____	_____
Principal payments received		_____	_____
Property was sold to a related party <input type="checkbox"/>			

TSJ _____ Description of property: _____

Date acquired _____	Date sold _____	2023	Prior years
Selling price		_____	_____
Mortgages assumed		_____	_____
Cost of property sold		_____	_____
Depreciation allowed		_____	_____
Commissions and expense of sale		_____	_____
Gross profit percentage		_____	_____
Interest received		_____	_____
Principal payments received		_____	_____
Property was sold to a related party <input type="checkbox"/>			

Education Credits

Name: _____

SSN: _____

Provide all Forms 1098-T

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

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes

Was the student enrolled at least half-time for at least one academic period that began in 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

Did the student complete the first four years of post-secondary education before 2023?

Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____ **2023** **2022**

Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution

ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution

Tax-free educational assistance received in 2023 allocable to the academic period

Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period

Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed

Did the student receive Form 1098-T from this institution for 2023? Yes No

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

Educational Institution | EIN _____
Name _____
Street address, city, state, and ZIP _____

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

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes

Was the student enrolled at least half-time for at least one academic period that began in 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

Did the student complete the first four years of post-secondary education before 2023?

Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____ **2023** **2022**

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution

Tax-free educational assistance received in 2023 allocable to the academic period

Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period

Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed

Did the student receive Form 1098-T from this institution for 2023? Yes No

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

Educational Institution | EIN _____
Name _____
Street address, city, state, and ZIP _____

Residential Energy Credits

Name:

SSN:

TSJ _____

Part I - Residential Energy Efficient Property Credit

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

Part II - Energy Efficient Home Improvement Credit

Qualified Energy Efficient Improvements

- Were improvements or costs made to your main home located in the US?
Were you the original user of the qualified energy efficiency improvements?
Are the components reasonably expected to remain in use for at least five years?
Were improvements or costs related to the construction of this main home?
Address of main home
City, state, and ZIP
Were improvements or costs related to the construction of this home?
Cost of insulation or air sealing material or system
Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
Cost of exterior windows and skylights

Residential Energy Property Costs

- Did you incur costs for qualified energy property installed on or in connection with a U.S. home?
Was the qualified energy property originally placed into service by you or your spouse?
Address of home that you installed qualified energy property (if more than one list separately)
Street address
City, state, and ZIP
Cost of central air conditioners
Cost of natural gas, propane: Water heaters Furnace or hot water boilers
Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders
Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor?
Cost of electric or natural gas: Heat pumps Heat pump water heaters
Cost of biomass stoves and boilers

Vehicle Credits

Name:

SSN:

Form 8936 - Clean Vehicle Credits

TSJ _____

Part I - Vehicle Details

Year of vehicle _____

Make of vehicle _____

Model of vehicle _____

Vehicle Identification Number _____

Date vehicle was placed in service _____

Yes No

Was the vehicle used primarily outside the U.S.? If "Yes," stop here.

Does the VIN entered above belong to a new clean vehicle placed in service during 2023? If "Yes," go to Part II.

Does the VIN entered above belong to a previously owned clean vehicle acquired after 2022 and placed in service during 2023? If "Yes," go to Part IV.

Does the VIN entered above belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during 2023? If "Yes," go to Part IV. If "No," stop here.

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

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

Business or investment use percentage _____

Part IV - Credit Amount for Previously Owned Clean Vehicle

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

Is the vehicle a qualified fuel cell motor vehicle?

Sales price of vehicle _____

Part V - Credit Amount for Qualified Commercial Clean Vehicle

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

Is the vehicle powered by gas or diesel?

Sales price of vehicle _____

Vehicle's gross weight rating (GVWR) is 14,000 pounds or more

Form 8910 - Alternative Motor Vehicle Credit

TSJ _____

Vehicle 1

Vehicle 2

Year of vehicle _____

Make of vehicle _____

Model of vehicle _____

Vehicle Identification Number _____

Date vehicle was placed in service _____

Business / investment use percentage _____

Noncash Charitable Contributions

Name:

SSN:

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, country, postal code _____

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

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

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

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

Art valued more than \$20,000 Art valued less than \$20,000 Intellectual property

Qualified conservation - qualified farmer / rancher Other real estate Vehicles

Qualified conservation - non-qualified farmer / rancher Securities Clothing and household items

Qualified conservation Collectibles Other

Equipment

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, country, postal code _____

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

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

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

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

Art valued more than \$20,000 Art valued less than \$20,000 Intellectual property

Qualified conservation - qualified farmer / rancher Other real estate Vehicles

Qualified conservation - non-qualified farmer / rancher Securities Clothing and household items

Qualified conservation Collectibles Other

Equipment



Funds Belonging to the Person You Supported

- 1. Enter the total funds belonging to the person you supported, including income received (taxable and nontaxable) and amounts borrowed during the year, plus the amount in savings and other accounts at the beginning of the year. Don't include funds provided by the state; include those amounts on line 23 instead 1.
- 2. Enter the amount on line 1 that was used for the person's support 2.
- 3. Enter the amount on line 1 that was used for other purposes 3.
- 4. Enter the total amount in the person's savings and other accounts at the end of the year 4.
- 5. Add lines 2 through 4. (This amount should equal line 1.) 5.

Expenses for Entire Household (where the person you supported lived)

- 6. Lodging (complete line 6a or 6b):
 - a. Enter the total rent paid 6a.
 - b. Enter the fair rental value of the home. If the person you supported owned the home, also include this amount in line 21 6b.
- 7. Enter the total food expenses 7.
- 8. Enter the total amount of utilities (heat, light, water, etc., not included in line 6a or 6b) 8.
- 9. Enter the total amount of repairs (not included in line 6a or 6b) 9.
- 10. Enter the total of other expenses. Don't include expenses of maintaining the home, such as mortgage interest, real estate taxes, and insurance 10.
- 11. Add lines 6a through 10. These are the total household expenses 11.
- 12. Enter total number of persons who lived in the household 12.

Expenses for the Person You Supported

- 13. Divide line 11 by line 12. This is the person's share of the household expenses 13.
- 14. Enter the person's total clothing expenses 14.
- 15. Enter the person's total education expenses 15.
- 16. Enter the person's total medical and dental expenses not paid for or reimbursed by insurance 16.
- 17. Enter the person's total travel and recreation expenses 17.
- 18. Enter the total of the person's other expenses 18.
- 19. Add lines 13 through 18. This is the total cost of the person's support for the year 19.

Did the Person Provide More Than Half of the Person's Own Support?

- 20. Multiply line 19 by 50% (0.50) 20.
- 21. Enter the amount from line 2, plus the amount from line 6b, if the person you supported owned the home. This is the amount the person provided for their own support 21.
- 22. Is line 21 more than line 20?

No. You meet the support test for this person to be your qualifying child. If this person also meets the other tests to be a qualifying child, stop here; don't complete lines 23–26. Otherwise, go to line 23 and fill out the rest of the worksheet to determine if this person is your qualifying relative.

Yes. You don't meet the support test for this person to be either your qualifying child or your qualifying relative. **Stop here.**

Did You Provide More Than Half?

- 23. Enter the amount others provided for the person's support. Include amounts provided by state, local, and other welfare societies or agencies. Don't include any amounts included on line 1 23.
- 24. Add lines 21 and 23 24.
- 25. Subtract line 24 from line 19. This is the amount you provided for the person's support 25.
- 26. Is line 25 more than line 20?

Yes. You meet the support test for this person to be your qualifying relative.

No. You don't meet the support test for this person to be your qualifying relative. You can't claim this person as a dependent unless you can do so under a multiple support agreement, the support test for children of divorced or separated parents, or the special rule for kidnapped children. See *Multiple Support Agreement*, *Support Test for Children of Divorced or Separated Parents (or Parents Who Live Apart)*, or *Kidnapped child* under *Qualifying Relative*.