

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2023.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$37 for each \$100 in deductible expenses you find in your 2023 records.

If our firm prepared your return last year, your prior year amounts are not included in the Prior Year Amount column of your Organizer. If you need prior year amounts please contact us and a client specific organizer will be uploaded to your secure client portal. You can then use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

Please call to schedule your appointment:

Day:

Date:

Time:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

ISAAC McRAE, EA
6428 8TH STREET NW
WASHINGTON, DC 20012
(202) 882-1700
IRMTAXPRO@ATT.NET

ISAAC McRAE, EA
6428 8TH STREET NW
WASHINGTON, DC 20012
January 9, 2024

Dear Client, Happy New Year,

Thank you for choosing our firm to prepare your income tax returns for tax year 2023. This letter confirms the services we will provide.

When completed do not email this document. Due to the increase in cyber crimes, identity theft and administrative time, to protect your information and to reduce excessive administrative time going forward all tax documents must be delivered in person, postal mail or mail delivery service, fax or uploaded into the secure client portal.

If you decide to email your private tax documents there will be a \$100 administrative fee to download and create storage files for your information. There is no administrative fee for documents uploaded into the secure client portal.

Please note, in January 2022 we informed you we will no longer keep paper records and all access to copies of your tax documents will be in the secure client portal.

To gain access to the secure client portal, please send an email request to irmtaxpro@att.net and a link containing instructions will be sent.

We will prepare your federal and state returns for tax year 2023 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2023, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2023 tax return. We appreciate your business.

Sincerely,

ISAAC McRAE, EA

Accepted by:

Date _____

Date _____

I. McRAE INCORPORATED
ISAAC McRAE, EA
6428 8TH STREET NW
WASHINGTON, DC 20012



Organizer Mailing Slip

General Information

Taxpayer

Spouse

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth
 Date of Death

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth
 Date of Death

Check ("X") which phone number to list on return.

Home Phone
 Work Phone
 Cell Phone
 Fax Number
 Legally Blind
 Totally Disabled
 Claimed as a Dependent
 Presidential Election Fund (\$3)
 Occupation
 E-mail address
 State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31
 Sales tax rate of locality in 2023 %
 If Part Year, Period of Residency to

Home Phone
 Work Phone
 Cell Phone
 Fax Number
 Legally Blind
 Totally Disabled
 Claimed as a Dependent
 Presidential Election Fund (\$3)
 Occupation
 E-mail address
 State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31
 Sales tax rate of locality in 2023 %
 If Part Year, Period of Residency to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type Driver's license OR State Issued ID Driver's license OR State Issued ID
 ID number
 ID issuing state
 ID issue date
 ID expiration date

Filing Status

Status on 2022 return :
 Status as of 12/31/2023 : 1 Single
 Enter ("X") in the box 2 Married filing joint
 3 Married filing separately (Enter spouse's name and SSN above)
 4 Head of Household Non-dependent name: _____
 Non-dependent SSN: _____
 5 Qualifying surviving spouse (QSS) Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____
 City _____ State _____ Zip Code _____
 If address is in a foreign country, enter that country
 Foreign province/county Foreign postal code _____
 If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name ISAAC McRAE, EA
 Firm's name I. McRAE INCORPORATED
 Street 6428 8TH STREET NW
 City WASHINGTON State DC Zip Code 20012

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____
 here _____ Date _____

Name _____

SSN _____

Questions

Yes No

- | Yes | No | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you purchase or sell your principal residence or did your address change? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2023? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Were either you or your spouse in the military or National Guard? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS? |

Yes No

- | Yes | No | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Are there any changes in your dependents from last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have any children under 19 (or 24 if a full time student) who received more than \$1,250 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you pay education expenses for your dependent children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did anyone in your family receive a scholarship of any kind during 2023? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay any dependent care expenses for a child or a parent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Are all of your dependents either US residents or citizens? |

Yes No

- | Yes | No | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you or a member of your family have minimum essential coverage in 2023? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) |

Yes No

- | Yes | No | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | <u>Income (In 2023, did you or your spouse have any of the following?)</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Wages? (include form(s) W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Non-employee compensation? (include form(s) 1099-NEC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Miscellaneous Income? (include form(s) 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Interest income? (include form(s) 1099-INT) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Dividend income? (include form(s) 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Disability income? (include form(s) W-2 or 1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Unemployment compensation? (include form(s) 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive tip income NOT reported to your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you receive payments from a Long-Term Care insurance contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you barter your services for goods or services from someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you receive employer-provided adoption benefits for a previous year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you cash in any U.S. savings bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you make a loan to someone at an interest rate below market rate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Did you receive a housing allowance for ministerial services you provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you receive any income not reported in this Organizer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23 | Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? |

Yes No

- | Yes | No | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive income from a foreign source or pay taxes to a foreign government? |

Yes No

- | Yes | No | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | <u>Retirement & Other Plans</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you receive any distributions from a retirement plan? (Include form(s) 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you rollover a retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to an HSA (Health Savings Account) in 2023? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you receive a qualified disaster distribution in 2023? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive an early distribution for a qualified birth or adoption distribution? |

Yes	No	<u>Purchases, Sales, Gains and Losses</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<u>Business and Rental Property Income & Deductions</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2023?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No	<u>Other Deductions</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2023?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you donate a vehicle?

Yes	No	<u>Miscellaneous</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$17,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2023?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes No

Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
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<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
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<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
1							
2							
3							
4							
5							
6							
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10							
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39							
40							
41							
42							
43							
44							

Name _____

SSN _____

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount	Amount	Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	40						
	41						
	42						
	43						
	44						

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	1	
<input type="checkbox"/>	2 _____	_____	2	
<input type="checkbox"/>	3 _____	_____	3	
<input type="checkbox"/>	4 _____	_____	4	
<input type="checkbox"/>	5 _____	_____	5	
<input type="checkbox"/>	6 _____	_____	6	
<input type="checkbox"/>	7 _____	_____	7	
<input type="checkbox"/>	8 _____	_____	8	
<input type="checkbox"/>	9 _____	_____	9	

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____	1	
<input type="checkbox"/>	2 _____	_____	_____	2	
<input type="checkbox"/>	3 _____	_____	_____	3	
<input type="checkbox"/>	4 _____	_____	_____	4	
<input type="checkbox"/>	5 _____	_____	_____	5	
<input type="checkbox"/>	6 _____	_____	_____	6	
<input type="checkbox"/>	7 _____	_____	_____	7	
<input type="checkbox"/>	8 _____	_____	_____	8	
<input type="checkbox"/>	9 _____	_____	_____	9	

Name _____

SSN _____

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
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42				
43				
44				

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2023.
- 4 Did you make any payments in 2023 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12
- 13 _____ 13
- 14 _____ 14
- 15 Income reported on 1099 MISC 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K 16
- 17 Professional gambler winnings from Form W2-G 17
- 18 Gross installment sales less cost of goods sold 18
- 19 Returns and allowances 19
- 20 Other income 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
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11		
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19		
20		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year 23
- 24 Purchases less cost of items withdrawn for personal use 24
- 25 Cost of labor 25
- 26 Materials and supplies 26
- 27 Other Costs 27
- 28 Inventory at end of year 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising		
30	Contract labor		
31	Commissions and fees		
32	Depletion		
33	Employee benefit programs (other than on line 39)		
34	Insurance (other than health)		
Interest:			
35	Mortgage (paid to banks, etc.)		
36	Other		
37	Legal and professional services		
38	Office expense		
39	Pension and profit-sharing plans		
Rent or Lease:			
40	Machinery rental or lease		
41	Equipment rental or lease		
42	_____		
43	_____		
44	_____		
	Other business property rental or lease		
45	_____		
46	_____		
47	_____		
48	Repairs and maintenance		
49	Supplies (not included in inventory cost of goods sold)		
50	Taxes and licenses		
Travel and Meals:			
Travel			
51	_____		
52	_____		
53	_____		
54	_____		
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied		
Meals subject to percentage limitation			
57	_____		
58	_____		
59	_____		
60	_____		
61	_____		
Meals not subject to percentage limitation (100% allowed)			
62	_____		
63	_____		
64	_____		
65	_____		
66	Utilities		
67	Wages		
Other Expenses:			
68	_____		
69	_____		
70	_____		
71	_____		
72	_____		
73	_____		
74	_____		
75	_____		
76	_____		

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Excess real estate taxes 7
- 8 Insurance 8
- 9 Rent 9
- 10 Repairs and maintenance 10
- 11 Utilities 11
- 12 Other Expenses:

- a _____ 12a
- b _____ 12b
- c _____ 12c
- d _____ 12d
- e _____ 12e

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business: _____

Additional expenses related to business portion only (Direct)

- 13 Casualty losses 13
- 14 Excess mortgage interest 14
- 15 Excess real estate taxes 15
- 16 Insurance 16
- 17 Rent 17
- 18 Repairs and maintenance 18
- 19 Utilities 19
- 20 Other Expenses:

- a _____ 20a
- b _____ 20b
- c _____ 20c
- d _____ 20d
- e _____ 20e

Current Year Amount	Prior Year Amount

Name _____ SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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42					
43					
44					
45					

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A _____	A	
B _____	B	
C _____	C	
D _____	D	
E _____	E	
F _____	F	
G _____	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Entity Name

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
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9	_____
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39	_____
40	_____
41	_____
42	_____
43	_____

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
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37	_____	_____
38	_____	_____
39	_____	_____
40	_____	_____
41	_____	_____
42	_____	_____
43	_____	_____

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Name _____

SSN _____

Additional Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Other income (Prizes and Awards, etc.)			3		
4 Scholarships and fellowships			4		
5 Income from rental of personal property, if not in the business of renting such property			5		
6 Net operating loss carryover (negative no.)			6		
7 Canceled debts (1065 K-1)			7		
8 _____			8		
9 _____			9		
10 _____			10		
11 Other income not provided for in this Organizer			11		

Adjustments to Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Educator expenses			1		
2 Certain business expenses of reservists, performing artists, and fee-basis government officials			2		
3 Health Savings account deduction			3		
4 Moving expenses (members of armed forces)			4		
5 Self-employed SEP, SIMPLE, or other qualified plans			5		
6 Self-employed health insurance deduction			6		
7 Penalty on early withdrawal of savings			7		
8 Alimony paid			8		
9 IRA contribution			9		
10 Student loan interest deduction			10		
11 Tuition and fees (Total education expenses)			11		
12 Foreign housing deduction			12		
13 Jury duty pay given to your employer			13		
14 Reforestation amortization			14		
15 Repayment of sub-pay under the Trade Act of 1974			15		
16 Contributions to Section 501(c)(18)(D) pension plans			16		
17 Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions			17		
18 Expenses from the rental of personal property but were not in the business of renting such property			18		
19 Contributions by chaplains to section 403(b) plans			19		
20 Archer MSA deduction			20		
21 Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income			21		
22 Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			22		
23 Excess deductions on termination of an estate/trust - Section 67(e) expenses			23		
24 _____			24		
25 _____			25		
26 _____			26		
27 _____			27		

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2023 1
- 2 Enter contributions, on line 1, made after 12/31/2023 and before 04/15/2024 2
- 3 Enter value of all traditional IRAs on 12/31/2023 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2024 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2023 5
- 6 Enter contributions, on line 5, made after 12/31/2023 and before 04/15/2024 6
- 7 Enter value of all traditional IRAs on 12/31/2023 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2024 8

Roth IRA Contributions

Filer

- 1 Enter 2023 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2023 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2023 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2023 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2023 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2023 2

--	--

Education (Coverdell ESA)

Filer

- 1 Enter 2023 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2023 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2023 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2023 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1		
2		
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- 1 Prescription medications 1
- 2 Fees for doctors, dentists, etc. 2
- 3 Fees for hospitals, clinics, etc. 3
- 4 Lab and X-ray fees 4
- 5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. 5
- 6 Medical equipment and supplies 6
- 7 Medical mileage (number of miles driven) 7
- 8 Medical parking, tolls and local transportation 8
- 9 Lodging for medical purposes 9
- 10 Health/Dental/Other ins. premiums (do not include self-employed plans) 10
- 11 Long Term Care insurance premiums (taxpayer) 11
- 12 Long Term Care insurance premiums (spouse) 12
- 13 Expenses to stop smoking 13
- 14 Health insurance premiums - coverage established under your business (1) . . . 14
- 15 Health insurance premiums - coverage established under your business (2) . . . 15
- 16 Long Term Care insurance premiums - coverage est. under your business (1) . . 16
- 17 Long Term Care insurance premiums - coverage est. under your business (2) . . 17
- 18 _____ 18
- 19 _____ 19
- 20 _____ 20
- 21 _____ 21
- 22 Insurance reimbursement for any medical and dental expense listed above . . . 22

Name _____

SSN _____

Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
Real Estate Taxes			
23	Principal residence	23	
24	Real estate taxes from Schedule E properties	24	
Real Estate Not Held For Investment			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
Real Estate Held For Investment			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41	
42	K1 (1120S) - Other deductions/taxes	42	
43	K1 (1041) - Other deductions/taxes	43	
44	Foreign Taxes	44	
45	From Schedule E properties	45	
46	_____	46	
47	_____	47	
48	_____	48	

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

Current Year Amount	Prior Year Amount

49 Lender _____ 49

50 Lender _____ 50

51 Lender _____ 51

52 Lender _____ 52

Home Mortgage Interest Not Reported on Form 1098

53 Name: _____ 53

Address: _____

SSN: _____

--	--

54 Mortgage insurance premiums paid on 2023 acquisition indebtedness for principal residence 54

--	--

Refinancing Points

55 Description 55

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2023

56 Description 56

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2023

57 Description 57

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2023

58 Description 58

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2023

59 Investment interest paid 59

--	--

Name _____

SSN _____

Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

- 1 Gifts To Charity Other Than By Cash or Check* 1
- 2 Total Miles driven for charitable activities 2
- 3 Parking fees, tolls and local transportation for charitable activities 3

Gifts To Charity By Cash or Check

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
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36	_____
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38	_____
39	_____
40	_____
41	_____

Current Year Amount	Prior Year Amount

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Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2022 and paid in 2023 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

First Name	Last Name	Birthdate	SSN	Check if non-dependent was over age 12 and disabled	Amount incurred and paid in 2023
1 _____	_____	_____	_____	<input type="checkbox"/>	_____
2 _____	_____	_____	_____	<input type="checkbox"/>	_____
3 _____	_____	_____	_____	<input type="checkbox"/>	_____
4 _____	_____	_____	_____	<input type="checkbox"/>	_____

Persons or Organizations Who Provided the Care

Name	Address	SSN/EIN	Amount incurred and paid in 2023
1 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
2 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
3 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
4 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
5 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____

Name _____

SSN _____

Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number _____

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

1 Did you pay ANY ONE household employee cash wages of \$2,600 or more in 2023? 1 Yes No
If yes, skip to line 4.

2 Did you withhold Federal income tax during 2023 for any household employees? 2 Yes No
If yes, skip to line 5.

3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER
of 2022 or 2023 to household employees? 3 Yes No

	Current Year Amount	Prior Year Amount
4 Enter the total amount of wages paid to all employees, who were each paid in excess of \$2,600 during the year. 4		
5 Total Federal income tax withheld 5		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

6 Did you pay unemployment contributions to only one state? 6 Yes No

7 Did you pay all state unemployment contributions by April 18, 2024? 7 Yes No

8 Were all wages that are taxable for federal unemployment also taxable
for your state unemployment tax? 8 Yes No

If you checked the "Yes" box on ALL the lines above, complete Section A. Otherwise complete Section B.

Section A

9 Name of State where you paid unemployment contributions 9	
10 State reporting number as shown on State unemployment return 10	
11 Amount of contributions paid to the State unemployment fund 11	
12 Total cash wages subject to FUTA 12	

Section B

	State Unemployment	State Unemployment
13 Name of State where you paid unemployment contributions 13		
14 State reporting number as shown on State unemployment return 14		
15 Wages, subject to state unemployment tax, reported to State 15		
16 State experience rate 16		
17 State experience rate period a. From 17a		
b. To 17b		
18 Amount of contributions paid to the State unemployment fund 18		