



*Plan. Grow. Thrive.™*

We appreciate the opportunity to prepare your 2023 tax returns. This Tax Organizer is designed to help you gather the tax information needed to prepare your personal income tax return. When available, you will find certain information from your 2022 personal income tax return.

**Ohio is continuing to require us to gather driver's license information to make the filing of your Ohio return more secure. Please provide legible copies of your driver's licenses or state issued IDs.**

The enclosed Engagement Letter specifies your and our firm's responsibilities in preparing your tax returns. Please sign and return the letter when you bring your tax information to us.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. **The Questionnaire must be completed and returned with the Engagement Letter, even if you choose not to use the Organizer.**

**We will also need the following information:**

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation,
- Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, real estate taxes, educational expenses and charitable contributions (including any Forms 1098, 1098-C, 1098-T, 1098-E and 1098-Q).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- List of the amounts and dates paid for any federal, state, and city income tax estimates for the tax year.
- Any tax notices sent to you by the IRS or other taxing authority.
- Six-digit Identity Protection PIM for use during calendar year 2023, if sent to you by the IRS.

Sincerely,

Whitcomb & Hess, Inc.



**ENGAGEMENT LETTER January 2024**

To ensure a complete understanding between us, this letter summarizes the services which we will provide. You have the final responsibility for your tax returns. Please review them carefully before you sign and file your returns. By signing this letter you agree to the following:

**We will prepare your 2023 federal, state, and local income tax returns from information which you provide.** We will not audit or otherwise verify this information although we may ask for clarification. We will provide you with copies of all tax returns we prepare. You should retain your copies permanently, along with any pertinent supporting documentation, as we do not. If you have signature over or an interest in foreign financial accounts, you may be required to file additional reports to avoid substantial penalties. Upon request, we can assist you in complying with these rules.

**You represent that the information you supply to us is accurate and complete to the best of your knowledge.** You confirm that your expenses for meals, entertainment, travel, charitable donations, and vehicle use are supported by records as required by law. The law provides for a penalty where a taxpayer substantially understates his tax liability. If you need additional information on this penalty, please ask.

There are occasions where the tax law is unclear or where taxing authorities' interpretations of the law conflict with other supportable positions. Unless otherwise instructed by you, we resolve such questions in your favor.

Whitcomb & Hess Inc. is not providing any service which can be construed as legal advice as part of this engagement. We assume no responsibility for advising you on the legal or regulatory aspects of the Corporate Transparency Act. (CTA) In addition, we assume no responsibility for submission of any reports to the financial crimes Enforcement network (FINCEN) and client's beneficial ownership information. It should be noted that the taxpayer is responsible for complete compliance with the CTA.

Gramm-Leach-Bliley Act and FTC disclosure: We limit employee access to nonpublic personal information to those who need to know that information to provide the best service to you. **We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as required by law.**

**Our fees for tax services are calculated based on the time required to prepare your returns as well as the complexity of the returns. All invoices are due and payable upon presentation.** A finance charge of 1.5% per month (18% per year) will be assessed 30 days after date of billing. We reserve the right to discontinue further services if payments are not received on a reasonably current basis.

If any of your tax returns are selected for audit by government agencies, we are available to represent you and render additional invoices for time and expense incurred.

Please sign below and return this letter to our office. In any case, your filing of a tax return prepared by us constitutes acceptance of the above terms. Thank you for this opportunity serve you.

Sincerely,  
Whitcomb & Hess, Inc.

Acknowledged and agreed: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_

**Taxpayer**

**Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS? (Y, N) \_\_\_\_\_

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

In care of addressee \_\_\_\_\_

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

**Dependent Codes**

- \*Basic** 1 = Child who lived with you
- 2 = Child who did not live with you due to divorce/separation
- 3 = Other dependent
- 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
- 5 = Qualifying child for Earned Income Credit only
- 6 = Children who lived with you, but do not qualify for Earned Income Credit
- 7 = Children who lived with you, but do not qualify for Child Tax Credit
- 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit
- \*\*Other** 1 = Student (Age 19 - 23)
- 2 = Disabled dependent
- 3 = Dependent who is both a student and disabled
- \*\*\*Months** 77 = Reported on odd year return
- 88 = Reported on even year return
- 99 = Not reported on return

**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

Mobile telephone #2 number \_\_\_\_\_

Pager number \_\_\_\_\_

Other: \_\_\_\_\_

Telephone number \_\_\_\_\_

Extension \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_

**NOTES/QUESTIONS:**

TO BE COMPLETED BY CPA:

1040FARM \_\_\_\_\_

1040FED \_\_\_\_\_

1040ES \_\_\_\_\_

1040ESLTR \_\_\_\_\_

1099 \_\_\_\_\_

1099LTR \_\_\_\_\_

## 2023 Client Questionnaire

If any question is answered YES, include all necessary details in space provided or attach documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional info</b>		

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<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with investment income in excess of \$2,500?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or as a student ?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional info</b>		

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<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional info</b>		

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If any question is answered YES, include all necessary details in space provided or attach documentation.

Yes No

### Income Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tip income not reported to your employer this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any trustee/executor fees from a trust or estate during the tax year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you cash in any policies?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Did you have any sales or other exchanges of virtual currencies, (including from an airdrop or a hard fork) or use virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?</b> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Additional info

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### Retirement Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Are you an active participant in a pension or retirement plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are age 73, do you have retirement plans from which required minimum Distributions have not begun?       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any qualified charitable distributions (QCD) during the year?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

#### Additional info

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### Education Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you, your spouse, or your dependents attend a college or (post-secondary school) during the year, or plan to attend one in the coming year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes please provide any forms 1098-T. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family receive a scholarship of any kind during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account?   | <input type="checkbox"/> | <input type="checkbox"/> |

#### Additional info

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If any question is answered YES, include all necessary details in space provided or attach documentation.

Yes No

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for all of 2023 for your family?

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, provide any forms 1095-B and/or 1095-C you received.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

Did you pay long-term care premiums for yourself or your family?

### Additional info

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### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?

Did you make noncash charitable contributions (clothes, furniture, vehicles etc.)? If yes, please provide a receipt and a list of values for the goods donated.

Do you lack a receipt to substantiate charitable contributions of \$250 or more?

Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from donee organization.

Did you pay real estate taxes for your primary home and/or second home?

Did you pay any mortgage interest on an existing home loan?

Did you incur interest expenses associated with any investment accounts you held?

Did you make any major purchases during the year (cars, boats, etc.)? If yes please provide the sales tax paid on the purchases.

Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax? If yes provide the amount.

### Additional info

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### Miscellaneous Information

Did you make gifts of more than \$17,000 to any individual?

Did you utilize an area of your home for business purposes?

Did you engage in any bartering transactions?

Did you retire or change jobs this year?

Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?

Did you pay household employees over 18 years old \$1,000 or more during any calendar quarter or \$2,600 or more during the year?

Did you make energy efficient improvements to your main home this year?

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?



Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Owner's name (First Last) \_\_\_\_\_

Co-owner or beneficiary (First Last) \_\_\_\_\_

Mark if the name listed above is a beneficiary \_\_\_\_\_

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Owner's name (First Last) \_\_\_\_\_

Co-owner or beneficiary (First Last) \_\_\_\_\_

Mark if the name listed above is a beneficiary \_\_\_\_\_

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date (mm/dd/yyyy) \_\_\_\_\_

Location of issuance (State issued only) \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date (mm/dd/yyyy) \_\_\_\_\_

Location of issuance (State issued only) \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

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**NOTES/QUESTIONS:**

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

Refunded \_\_\_\_\_

Applied to 2024 estimated tax liability \_\_\_\_\_

Do you expect a considerable change in your 2024 income? (Y, N) \_\_\_\_\_

If yes, please explain any differences:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you expect a considerable change in your deductions for 2024? (Y, N) \_\_\_\_\_

If yes, please explain any differences:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you expect a considerable change in the amount of your 2024 withholding? (Y, N) \_\_\_\_\_

If yes, please explain any differences:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you expect a change in the number of dependents claimed for 2024? (Y, N) \_\_\_\_\_

If yes, please explain any differences:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) \_\_\_\_\_

**2023 Federal Estimated Tax Payments**

2022 overpayment applied to 2023 estimates + \_\_\_\_\_

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/18/23	_____	+ _____	_____	_____
2nd quarter payment	06/15/23	_____	+ _____	_____	_____
3rd quarter payment	09/15/23	_____	+ _____	_____	_____
4th quarter payment	01/16/24	_____	+ _____	_____	_____
Additional payment		_____	+ _____	_____	_____

**\*Method of payment indicated in prior year**  
 EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System  
 Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

**Preparer use only**

**2023 Information**

**Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Employer identification number \_\_\_\_\_

Business name \_\_\_\_\_

Principal business/profession \_\_\_\_\_

Business code \_\_\_\_\_

Business address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_

If other: \_\_\_\_\_

Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_

If other enter explanation: \_\_\_\_\_

Enter an explanation if there was a change in determining your inventory:

\_\_\_\_\_

\_\_\_\_\_

Did you "materially participate" in this business? (Y, N) \_\_\_\_\_

If not, number of hours you did significantly participate \_\_\_\_\_

Mark if you began or acquired this business in 2023 \_\_\_\_\_

Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_

If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_

Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_

Medical insurance premiums paid by this activity + \_\_\_\_\_

Long-term care premiums paid by this activity + \_\_\_\_\_

Amount of wages received as a statutory employee + \_\_\_\_\_

**Business Income**

**2023 Information**

**Prior Year Information**

Gross receipts and sales

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

Returns and allowances \_\_\_\_\_ + \_\_\_\_\_

Other income:

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

**Cost of Goods Sold**

**2023 Information**

**Prior Year Information**

Beginning inventory + \_\_\_\_\_

Purchases + \_\_\_\_\_

Labor:

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

Materials + \_\_\_\_\_

Other costs:

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

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

**Control Totals+**





Please provide all Forms 1099-K

**Preparer use only**

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Employer identification number	_____	
Description	_____	
Principal Product	_____	
State postal code	_____	
Accounting method (1 = Cash, 2 = Accrual)	—	
Agricultural activity code	_____	
Did you "materially participate" in this business? (Y, N)	—	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N)	—	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	—	
Mark if Schedule F net income or loss should be excluded from self-employment income	—	
Medical insurance premiums paid by this activity	+ _____	
Long-term care premiums paid by this activity	+ _____	

**Schedule F Income**

Sales Code**	Income description	2023 Information	Prior Year Information
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2023 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____	
Beginning inventory of livestock and other items (Accrual method)	+ _____	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____	
Ending Inventory of livestock and other items (Accrual method)	+ _____	
Total cooperative distributions you received	+ _____	
Taxable cooperative distributions you received	+ _____	

	2023 Total	2023 Taxable	Prior Year Information
Agricultural program payments	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2023 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	
Commodity credit loans reported under election:	_____	
_____	_____	
Total commodity credit loans forfeited	+ _____	
Taxable commodity credit loans forfeited	+ _____	

	2023 Total	2023 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2023	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2024	—	—	
Crop insurance proceeds deferred from 2022	+ _____	+ _____	

**Control Totals+**

