## Hewitt & Behr, PA 1445 N Rock Rd, Ste 160 Wichita, KS 67206 316-269-4500

Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2023 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter. We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Hewitt & Behr, PA

Accepted By: \_\_\_\_\_

Date:

#### **Client Organizer Topical Index**

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

		Perso	nal Information			1
Filing (Marital)	status code (1 = Single, 2 = Married	filing joint, 3 = Married fili	ng separate, 4 = Head of househo	old, 5 = Qualifying survivin	g spouse)	[1]
Mark if you we	re married but living apart all	year				[2]
Mark if your no	onresident alien spouse does i	not have an Individu	al Taxpayer Identificatior	n Number (ITIN)		[3]
			Taxpayer		Spouse	
Social security r	number		[4]	-		[5]
First name			[6]			[7]
Last name			[8]			[9]
Occupation	<u> </u>		[10]			[11]
-	0 to the presidential election	campaign fund? (1 =				[14]
-	lent of another taxpayer		[15]			[16]
	income less than 1/2 support	age 18 or 19 - 23 fu				(a.)
Mark if legally b Date of birth	oina		[20]			[21]
Date of death		-	[22]			[24]
	telephone number/ext numb	or –	[26]		[20]	[27]
	telephone number	ei	· · ·		[30]	[31]
-	ze us to discuss your return w		[32] [34]			[33]
Do you aution						]
		Presen	t Mailing Address			
Address						[40]
Apartment num	nber					[41]
	al code, zip code			[42]	[43]	[44]
Foreign country	-					[46]
Foreign phone						[49]
In care of addre	essee					[51]
		Depen	dent Information			
	(*F	•	endent Codes located at	the bottom)		Care
	· ·			· · · · · · · · ·	Months**Dep in Codes	expenses paid for
First Name	52] Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependent
	who lived with you but is not	your dependent				 
	who lived with you but is not a	your dependent				    
	-					
Social security r	-	De	pendent Codes **Other 1 = Stude	ent (Age 19 - 23)		
Social security r	number of qualifying person	De	**Other 1 = Stude			
Social security r	number of qualifying person 1 = Child who lived with you	De	**Other 1 = Stude ce/separation 2 = Disat			[54]
Social security r	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent	De th you due to divor	**Other 1 = Stude ce/separation 2 = Disat 3 = Depe	oled dependent ndent who is both	a student and disa	[54]
Social security r	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d	De th you due to divor o not qualify for Cr	**Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender	oled dependent ndent who is both	a student and disa	[54]
Social security r *Basic	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne	De th you due to divor o not qualify for Cr ed Income Credit or	**Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender hly	oled dependent ndent who is both hts (ODC)	a student and disa	[54]
Social security r	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earn 6 = Children who lived with	De th you due to divor o not qualify for Cr ed Income Credit or you, but do not qua	**Other 1 = Stude cce/separation 2 = Disat 3 = Depe edit for Other Depender hly ilify for Earned Income C	oled dependent ndent who is both hts (ODC)	a student and disa	[54]
Social security r *Basic	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earn 6 = Children who lived with 7 = Children who lived with	De th you due to divor o not qualify for Cr ed Income Credit or you, but do not qua you, but do not qua	**Other 1 = Stude cce/separation 2 = Disat 3 = Depe edit for Other Depender hly hlify for Earned Income C hlify for Child Tax Credit	oled dependent ndent who is both ots (ODC) Gredit		[54]
Social security r	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earn 6 = Children who lived with 7 = Children who lived with 8 = Children who lived with	De th you due to divor o not qualify for Cr ed Income Credit or you, but do not qua you, but do not qua you, but do not qua	**Other 1 = Stude cce/separation 2 = Disat 3 = Depe edit for Other Depender hly hlify for Earned Income C hlify for Child Tax Credit	oled dependent ndent who is both ots (ODC) Gredit		[54]
Social security r *Basic ***Months	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earn 6 = Children who lived with 7 = Children who lived with 8 = Children who lived with 7 = Reported on odd year r	De th you due to divor o not qualify for Cr ed Income Credit or you, but do not qua you, but do not qua you, but do not qua eturn	**Other 1 = Stude cce/separation 2 = Disat 3 = Depe edit for Other Depender hly hlify for Earned Income C hlify for Child Tax Credit	oled dependent ndent who is both ots (ODC) Gredit		abled
Social security r *Basic **Months	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earn 6 = Children who lived with 7 = Children who lived with 8 = Children who lived with 77 = Reported on odd year r 88 = Reported on even year	De th you due to divor o not qualify for Cr ed Income Credit or you, but do not qua you, but do not qua eturn return	**Other 1 = Stude cce/separation 2 = Disat 3 = Depe edit for Other Depender hly hlify for Earned Income C hlify for Child Tax Credit	oled dependent ndent who is both ots (ODC) Gredit		abled
Social security r *Basic ***Months	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earn 6 = Children who lived with 7 = Children who lived with 8 = Children who lived with 7 = Reported on odd year r	De th you due to divor o not qualify for Cr ed Income Credit or you, but do not qua you, but do not qua eturn return	**Other 1 = Stude cce/separation 2 = Disat 3 = Depe edit for Other Depender hly hlify for Earned Income C hlify for Child Tax Credit	oled dependent ndent who is both ots (ODC) Gredit		abled

Form	ID:	1040
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### **Client Contact Information**

#### **Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) Taxpayer email address	(Blank = Both, T = Taxpayer, S = Spouse)	[8]
Spouse email address		[0] [10]
	Taxpayer	Spouse
Fax telephone number	[11]	[20]
Mobile telephone number	[12]	[21]
Mobile telephone #2 number	[13]	[22]
Pager number	[14]	[23]
Other:	[15]	[24]
Telephone number	[16]	[25]
Extension	[17]	[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

### **NOTES/QUESTIONS:**

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#### **Direct Deposit/Electronic Funds Withdrawal Information**

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:				_[1]
Financial institution routing transit number				[3]
Name of financial institution				[4]
Your account number				[5]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[6]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)				[9]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)				[10]
Enter the maximum dollar amount, or percentage of total refund Dollar	[11]	or	Percent (xxx.xx)	[12]
Secondary account #1:				
Financial institution routing transit number				[27]
Name of financial institution				[28]
Your account number				[29]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[30]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)				[31]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)				[32]
Enter the maximum dollar amount, or percentage of total refund Dollar	[13]	or	Percent (xxx.xx)	[14]
Secondary account #2:				
Financial institution routing transit number				[33]
Name of financial institution				[34]
Your account number				[35]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[36]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)				[37]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)				[38]
Enter the maximum dollar amount, or percentage of total refund Dollar	[17]	or	Percent (xxx.xx)	[18]

\*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 percent	age of refund you would li	ke used to p	ourcha	ase bonds	
The bonds will be registered to the name(s) on the return. For married filing joint return	s this means the bonds will be regis	tered in both na	ames lis	sted on the return.	
To register the bonds separately, leave these fields blank and use the fields provided be	low.				
Enter either a dollar amount or percent, but not both	Dollar	[15	] <b>o</b> r	Percent (xxx.xx)	[16]
Bond information for someone other than taxpayer and spouse, if m	arried filing jointly				
Maximum dollar amount (up to \$5,000), or percentage of refund u	used to purchase boondsr	[19	] or	Percent (xxx.xx)	[20]
Owner's name (First Last)		[40]			[41]
Co-owner or beneficiary (First Last)		[42]			[43]
Mark if the name listed above is a beneficiary					_[44]
Bond information for someone other than taxpayer and spouse, if m	arried filing jointly				
Maximum dollar amount (up to \$5,000), or percentage of refund ι	used to purchase boondsr	[23	] or	Percent (xxx.xx)	[24]
Owner's name (First Last)		[45]			[46]
Co-owner or beneficiary (First Last)		[47]			[48]
Mark if the name listed above is a beneficiary					[49]
				Form	n ID: Bank

Form ID: ELF	Electronic Filing	6
To comply with this requirement you	arers who expect to prepare a certain amount of federal individual tax returns to file th r return will be electronically filed this year if it qualifies for electronic filing under IRS i return instead of filing electronically.	
Mark if you want to file a paper return	even if you qualify for electronic filing	[1]
Receive email notification(s) when you If 1 or 2, please provide email addr	r electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ess on Organizer Form ID: Info	[2]
Mark if you are filing a balance due ret	urn electronically and you want to pay the amount due by debiting your	
financial institution account		[9]
The IRS requires a Personal Identificati	on Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable	e, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Iden	tification Number (PIN)	[7]
Spouse self-selected Personal Identif	ication Number (PIN)	[8]

### **Identity Authentication**

7

#### Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[1]
Identification number	[3]
Issue date	[4]
Expiration date (mm/dd/yyyy)	[5]
Location of issuance (State issued only)	[6]
Document number (New York only)	[7]
Spouse -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[10]
Identification number	[12]

Issue date	[13]
Expiration date (mm/dd/yyyy)	[14]
Location of issuance (State issued only)	[15]
Document number (New York only)	[16]

Form ID: W2

### Wages and Salaries #1

#### Please provide all copies of Form W-2. 2023 Information

P	2023 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[:	1]
Employer name	<u>[</u> [	3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming	/ Fishing, 4 = National Guard, 5 = Diff of Care	5]
Mark if this is your current employer	[(	6]
Mark if this is the last year for this employer	[	9]
Federal wages and salaries (Box 1)	+[	10]
Federal tax withheld (Box 2)	+	12]
Social security wages (Box 3) (If different than federal wages)	+	14]
Social security tax withheld (Box 4)	+[	16]
Medicare wages (Box 5) (If different than federal wages)	+[	18]
Medicare tax withheld (Box 6)	+[	21]
SS tips <b>(Box 7)</b>	+[	23]
Allocated tips (Box 8)	+[	25]
Dependent care benefits (Box 10)	+[	27]
Box 13 -		
Statutory employee	[:	29]
Retirement plan	[:	30]
Third-party sick pay	[:	31]
State postal code (Box 15)	[:	32]
State wages (Box 16) (If different than federal wages)	+[	34]
State tax withheld (Box 17)	+[	36]
Local wages (Box 18)	+[	38]
Local tax withheld (Box 19)	+[	40]
Name of locality (Box 20)	[·	43]

#### Control Totals+

### Wages and Salaries #2

## Please provide all copies of Form W-2.

· · · · · · · · · · · · · · · · · · ·	2023 Information	Prior Year Information
Taxpayer/Spouse (T, s)	_[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far	ming / Fishing, 4 = National Guard, 5 = Diff of Care[5]	
Mark if this your current employer	[6]	
Mark if this is the last year for this employer	[9]	
Federal wages and salaries (Box 1)	+ [10]	
Federal tax withheld <b>(Box 2)</b>	+ [12]	
Social security wages (Box 3) (If different than federal wages)	+ [14]	
Social security tax withheld (Box 4)	+ [16]	
Medicare wages (Box 5) (If different than federal wages)	+ [18]	
Medicare tax withheld (Box 6)	+ [21]	
SS tips (Box 7)	+ [23]	
Allocated tips (Box 8)	+ [25]	
Dependent care benefits (Box 10)	+ [27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+ [34]	
State tax withheld (Box 17)	+ [36]	
Local wages (Box 18)	+ [38]	
Local tax withheld (Box 19)	+ [40]	
Name of locality (Box 20)	[43]	

#### Control Totals+

Form ID: B-1

### Interest Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See	e codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations' \$ or %	* Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer							
	-	Amounts	-						
	2	Payer							
	2	Amounts	-						
	3	Payer							
	3	Amounts	-						
	4								
		Amounts	-						
	5								
	5	Amounts	-						
	0	Amounts							
	7	Payer							
	<b>'</b>	Amounts	-						
	8	Payer							
	0	4 Amounts	-						
	9								
	5	Amounts	-						
	10	Payer							
		Amounts <sup>+</sup>	-						

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals + Form ID: B-1

13

Form ID: B-2

### **Dividend Income**

14

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Typ Cod	e e (**	See codes below)	Ordinary [2] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
			Payer											
		1	Amounts <sup>+</sup>											
		2	Payer											
		2	Amounts <sup>+</sup>											
		2	Payer											
		3	Amounts <sup>+</sup>											
			Payer											
		4	Amounts <sup>+</sup>											
		-	Payer											
		5	Amounts <sup>+</sup>											
		~	Payer											
		6	Amounts <sup>+</sup>											
			Payer											
		7	Amounts <sup>+</sup>											
			Payer											
	8	Amounts <sup>+</sup>												
		•	Payer											
		9	Amounts <sup>+</sup>											
		10	Payer											
		10	Amounts <sup>+</sup>											

**Dividend Codes				
Blank = Other	3 = Nominee			

## Seller Financed Mortgage Interest Income

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

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name	—	
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2023	+	[1]
Taxpayer/Spouse/Joint (т, s, J)		
Payer's name	-	
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2023	+	[1]
		· · · · · · · · · · · · · · · · · · ·
Taxpayer/Spouse/Joint (T, S, J)	_	_
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2023	+	[1]
Taxpayer/Spouse/Joint (T, S, J)	_	-
Payer's name		-
Payer's street address		-
Payer's city, state, zip code		_
Payer's social security number		_
Interest income amount received in 2023	+	[1]
Taxpayer/Spouse/Joint (т, s, J)		
Payer's name	-	
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2023		
interest income amount received in 2023	+	[1]
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name	-	
Payer's street address		
, Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2023	+	[1]
Taxpayer/Spouse/Joint (T, S, J)	_	_
Payer's name		_
Payer's street address		_
Payer's city, state, zip code		_
Payer's social security number		_
Interest income amount received in 2023	+	[1]
T		
Taxpayer/Spouse/Joint (T, S, J)	-	-
Payer's name		-
Payer's street address		-
Payer's city, state, zip code		-
Payer's social security number		-
Interest income amount received in 2023	+	[1]

Control Totals +

Form ID: B-4	Income from REMICs	16
Taypayor/Capusa/Jaint / 6.1	Please provide all Schedules Q.	(4)
Taxpayer/Spouse/Joint (т, s, յ) Name of activity		_[1]
Employer identification number		
State postal code		
Taxpayer/Spouse/Joint (т, s, յ)		[1]
Name of activity		
Employer identification number		
State postal code		

.

### Sales of Stocks, Securities, and Other Investment Property

17

[9]

[10]

[11]

[13]

[4]

Did you have any securities become worthless during 2023? (Y, N)

Did you have any debts become uncollectible during 2023? (Y, N)

Did you have any commodity sales, short sales, or straddles? (Y, N)

Did you exchange any securities or investments for something other than cash?  $(\boldsymbol{Y},\boldsymbol{N})$ 

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N)

T/S/J	Description of Pro	perty[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
					+	+
					+	+
					+	+
					+	+
					+	+
					+	+
					+	+
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		Control Totals+				Form ID: D

## Sales of Stocks, Securities, and Other Investment Property

#### Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

NOTES/QUESTIONS:

17a

Form ID: Income		Other Income		18
State and local income tax refunds		+	2023 Information	Prior Year Information
Alimony received	т/s	Agreement Date + +	2023 Information [3] [3]	Prior Year Information

\*\*Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

	Тахрау	ver Sp	ouse	Prior Year Information
Unemployment compensation**	+	[9] +	[10]	
Unemployment compensation federal withholding	+	[9] +	[10]	
Unemployment compensation state withholding	+	[9] +	[10]	
Unemployment compensation repaid	+	[12] +	[13]	
Alaska Permanent Fund dividends	+	[18] +	[19]	

	Self-
	Employment
c/1	Income ?

## **T/S/J** (Y, N)

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

	_	+	[15]
		+	
		+	
_		+	
		+	
	_	+	
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### **NOTES/QUESTIONS:**

Control Totals+	Form ID: Income

**Prior Year Information** 

#### 2023 Information

#### Pension, Annuity, and IRA Distributions #1

### Please provide all Forms 1099-R.

riease provide an		2023 Information	Prior Year Information
Taxpayer/Spouse (т, s)		_[1]	
Name of payer		[3]	
State postal code		[6]	
Gross distributions received (Box 1)	+	[8]	
Taxable amount received (Box 2a)	+	[10]	
Federal withholding (Box 4)	+	[12]	
Distribution code (Box 7)		[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[17]	
State withholding (Box 14)	+	[18]	
Local withholding (Box 17)	+	[20]	
Amount of rollover	+	[22]	
Mark if distribution was due to a pre-retirement age disability		[24]	

#### Control Totals+

### Pension, Annuity, and IRA Distributions #2

### Please provide all Forms 1099-R.

		2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of payer		[3]	
State postal code		[6]	
Gross distributions received (Box 1)	+	[8]	
Taxable amount received (Box 2a)	+	[10]	
Federal withholding (Box 4)	+	[12]	
Distribution code (Box 7)		[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[17]	
State withholding (Box 14)	+	[18]	
Local withholding (Box 17)	+	[20]	
Amount of rollover	+	[22]	
Mark if distribution was due to a pre-retirement age disability		_[24]	

#### Control Totals+

### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.					
		2023 Information	Prior Year Information		
Taxpayer/Spouse (T, s)		[1]			
Name of payer		[3]			
State postal code		[6]			
Gross distributions received (Box 1)	+	[8]			
Taxable amount received (Box 2a)	+	[10]			
Federal withholding (Box 4)	+	[12]			
Distribution code (Box 7)		[15]			
Mark if distribution is from an IRA, SEP, SIMPLE retiremen	t plan	[17]			
State withholding (Box 14)	+	[18]			
Local withholding (Box 17)	+	[20]			
Amount of rollover	+	[22]			
Mark if distribution was due to a pre-retirement age disability		[24]			
	Control Totals+				

Control Totals+

### **NOTES/QUESTIONS:**

Form ID: SSA-1099

#### Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) State postal code \_\_[1] \_\_\_[3]

23 Information	Prior Year Information
[7]	
[9]	
[12]	
[14]	
	[9] [12]

Tier 1 Railroad Benefits				
	2023 Information	Prior Year Information		
on:				
+	[22]			
+	[25]			
+	[27]			
	Benefi	2023 Information on: +[22] +[25]		

#### **Additional Information About Benefits Received**

Additional information about the benefits received not reported above. For example did you repay any benefits in 2023 or receive any prior year benefits in 2023. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9

[40]
[41]
[42]
[43]
[44]

Control Totals +	Form ID: SSA-1099

Form ID: IRA Tradition	nal IRA					26
		Taxpayer			Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retire	ment					
plan? (Y, N)			[1]			[2]
Do you want to contribute the maximum allowable traditional IRA contribute	ribution amo	ount? If				
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nonde	eductible)		[3]			[4]
Enter the total traditional IRA contributions made for use in 2023	+_		[5]	+		[6]
		Taxpayer			Spouse	
Enter the nondeductible contribution amount made for use in 2023	+		[5]	+	-	[6]
Enter the nondeductible contribution amount made in 2024 for use in 2	2023 +		[7]	+		[8]
Traditional IRA basis	+		[17]	+		[18]
Value of all your traditional IRA's on December 31, 2023:						
	+		[19]	+		[20]
	+_		_	+		
	+_			+		
	+		_	+		
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	+			+		

### **Roth IRA**

#### Please provide copies of any 1998 through 2022 Form 8606 not prepared by this office

	Та	xpayer		Spouse
Mark if you want to contribute the maximum Roth IRA contribution		[29]		[30]
Enter the total Roth IRA contributions made for use in 2023	+	[31]	+	[32]
Enter the amount a 2023 Roth IRA conversion should be adjusted by	+	[39]	+	[40]
Enter the total contribution Roth IRA basis on December 31, 2022	+	[43]	+	[44]
Enter the total Roth IRA contribution recharacterizations for 2023	+	[45]	+	[46]
Enter the Roth conversion IRA basis on December 31, 2022	+	[47]	+	[48]
Value of all your Roth IRA's on December 31, 2023:				
	+	[49]	+	[50]
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	

Contro	ol Totals+	Form ID: IRA

## **Other Adjustments**

#### Alimony Paid:

T/S	Date*	2023 Information	Prior Year Information
		+ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		

\* Date of divorce/separation agreement

	2023 Inf	ormation	Prior Year Information
	Taxpayer	Spouse	
Educator expenses:		-	
			[7]
+	[6]	+	[/]
+		+	
Other adjustments:			
+	[9]	+	[10]
+		+	
+		+	
+	<u> </u>	+	—
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Control Totals +	Form ID: OtherAdj

### Schedule A - Medical and Dental Expenses

		Information	Prior Year Inform
Medical and dental expenses, such as: Doctors, De		•	
Medical supplies, Hearing aids, Eyeglasses/contact	lenses, and Insurance reimburse	ments received	
	+	[2]	
	+		
	+		
	+		
	+		
	+		
Medical insurance premiums you paid:			
Do not include pre-tax amounts paid by an employer-sponsore self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare		h as amounts paid for your	
	+	[5]	
	+		
	+		
	+		
Long-term care premiums you paid:	+		
	+ +	h as amounts paid for your	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored	+ +	h as amounts paid for your	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored self-employed business (Sch C, Sch F, Sch K-1, etc.)	+ + d plan or amounts entered elsewhere, suc + +		
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored self-employed business (Sch C, Sch F, Sch K-1, etc.)	+ d plan or amounts entered elsewhere, suc + +		
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored self-employed business (Sch C, Sch F, Sch K-1, etc.) Prescription medicines and drugs:	+ +		
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored self-employed business (Sch C, Sch F, Sch K-1, etc.) Prescription medicines and drugs:	+ +	[8]	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored self-employed business (Sch C, Sch F, Sch K-1, etc.) Prescription medicines and drugs:	+ +	[8]	

### Schedule A - Tax Expenses

-/s/J	2	023 Information	Prior Year Information
State/local income taxes paid:			
[18]	_ +	[19]	·
	_ +		
		<u></u>	
	- + +		
2022 state and local income taxes paid in 2023:			
[21]	+	[22]	
	+		
	+		
Real estate taxes paid:			
[24]	_ +	[25]	
<u> </u>	- +		
Personal property taxes:	_ +		
[27]	+	[28]	
<u></u>	+	[==]	
Other taxes, such as: foreign taxes and State disability taxes			
_[30]	+	[31]	
	+		
	+		
Sales tax paid on major purchases:			
[36]	- +	[37]	
Sales tax paid on actual expenses:	_ *		
[39]	+	[40]	
	+	[10]	
	+		
Control Totals+			Form ID: A-1

Form ID: A-2	nterest Expenses		58
/\$/J	202 Interes		Type*Prior Year Informat
Home mortgage interest: From Form 1098	interes		
[1]	+	+	
	+	+	
	+	+	
	+	+	
	+	++	
	+	+	
	+	+	
	+	++	
	+	+	[
Blank = Used to buy, build or improve main/qualified se	*Mortgage Types cond home 1 = Not used	d to buy, build, improv	e home or investment
<b>/S/J</b> Payee's Name Other, such as: Home mortgage interest paid to ind	SSN or EIN	2023 Information	Prior Year Informatio
[4]	+	. [5	5]
Address			
City, state and zip code			
	+		
Address	1		
City, state and zip code			
/I Name and address of other nerson who received Ferr	n 1009 far iaintly liabla m	ortagaa interact you n	
/J Name and address of other person who received Forn Payer's/Borrower's name			
Street Address		[/	1
City/State/Zip code			
Refinancing Points paid in 2023 - Taxpayer/Spouse/Joint (т, s, J)		_[1	11
Recipient/Lender name		[1	[1]
Total points paid at time of refinance			
Points deemed as paid in 2023 (Preparer use only)		[1	12]
Date of refinance	+	[4	[2]
Term of new loan (in months)			
Reported on Form 1098 in 2023			
		—	
Taxpayer/Spouse/Joint (T, S, J)			
Recipient/Lender name		—	
Total points paid at time of refinance			
Points deemed as paid in 2023 (Preparer use only)			
Date of refinance	+		
Term of new loan (in months)			
Reported on Form 1098 in 2023			
		—	
/S/J		2023 Information	Prior Year Information
Investment interest expense, other than on Schedule	(s) K-1:		
_[15]	+	[1	.6]
<u> </u>	+		
	+		
	+		
	+		
	+		
	+		
	+		

Control Totals + Form ID: A-2		
	Control Totals +	Form ID: A-2

#### **Charitable Contributions**

#### T/S/J

#### 2023 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

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			+		
		-	+		
_		-			
_		-	+		
[5] Vol	unteer miles driven			[6]	
Nor	ncash items, such as: Goodwill/Salvation Army/clothing/househ	old good	s		
		0.0.0000		[0]	
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			+		
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#### **Miscellaneous Deductions**

# 

Control Totals+		Form ID: A-3
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Form	ID:	A-St
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### Miscellaneous Itemized Deductions (State Use Only)

+ +	[2]	
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Union dues, other than amounts reported on Form W-2:		
+	[5]	
Tax preparation fees +	[8]	
· · ·		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fee		
	[11]	
+		
+		
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+		
+		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:	[14]	
+	[17]	
+		
+		
+		
+		

+ +

Control Totals+ Form ID: A-St
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#### Home Mortgage Interest Subject To Limitations

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used. Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home

	2023 Information	<b>Prior Year Information</b>
Description of loan/property	[2]	
Taxpayer/Spouse/Joint (T, S, J)	_ [3]	
Loan origination date	[4]	
If refinanced debt, date of initial loan	[5]	
Fair market value of home	+[6]	
Number of months loan was outstanding in 2023, if not 12	[8]	
Number of months home was a qualifying home (If different from number of months loan was outstanding)	[10]	
Principal paid in 2023	+[12]	
Interest paid during 2023	+[14]	
Points reported on Form 1098 for 2023	+[17]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name	[20]	
Recipient SSN or EIN	[21]	
Recipient address	[22]	
Recipient city, state, zip code[23]	[24] [25]	
Grandfather debt as of 12/31/22 (or first day mortgage was outstanding)	+[26]	
Grandfather debt as of 12/31/23 (or last day mortgage was outstanding)	+[28]	
Home acquisition/improvement debt as of 12/31/22 (or first day mortgage was outsta	ind <del>ih</del> g) [30]	
Home acquisition/improvement debt as of 12/31/23 (or last day mortgage was outsta	ndi <del>h</del> g)[32]	
Home equity debt as of 12/31/22***(or first day mortgage was outstanding)	+[34]	
Home equity debt as of 12/31/23***(or last day mortgage was outstanding) *** ONLY portion of loan proceeds used to buy, build, or improve qualified residence	+[36]	
Average balance in 2023 of grandfather debt	+[41]	
Average balance in 2023 of home acquisition/improvement debt	+[43]	
Average balance for 2023 all types of debt	+[45]	

Control Totals+	Form ID: MortgInt

Form ID: 8283

#### Noncash Contributions Exceeding \$500

61

#### For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		_[1]
Donated property description		[4]
Name of donee organization		[5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+	[13]
Fair market value	+	[14]
thod used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:		[16]

Control Totals +

#### **Noncash Contributions Exceeding \$500**

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		_[1]
Donated property description		[4]
Name of donee organization		[5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+	[13]
Fair market value	+	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:		[16]

Control Totals+

#### Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (т, s, J)		[1]
Donated property description		[4]
Name of donee organization		[5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+	[13]
Fair market value	+	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:		[16]

Control Totals+

Form ID: 8283

### Health Care Coverage

#### 2023 Information **Prior Year Information** Taxpayer Spouse Self-employed health insurance premiums: (Not entered elsewhere) [2] + [3] +\_\_\_\_ +\_ + Self-employed long-term care premiums: (Not entered elsewhere) \_\_\_\_[5] + [6] + + \_\_\_\_ + \_\_\_\_\_

Control Totals + Form ID: Coverage
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### **Kansas General Information**

#### County of residence School district number Mark if name or address has changed

[1] [2]

[3]

Enter the amount of charitable contributions you wish to make to:	
Chickadee Checkoff	[4]
Senior Citizens Meals On Wheels Contribution Program	[4] [5]
Breast Cancer Research Fund	[5] [6]
	[0] [7]
Kansas Hometown Heroes Fund	[7]
Kansas Creative Arts Industry Fund	[9]
School District Contribution Fund	[10]
School district headquarters county	[11]
School district number	[12]
Kansas Historic Site Contribution Fund	[13]
Historic site number	[14]
Part-year Resident Information	

Part-year residency dates:

From To

\_\_\_\_\_[15] \_\_\_\_\_[16]