Dievendorf and Company
323 Delaware Ave
Delmar, NY 12054-1920
518-439-1040

Dear :

This Tax package is designed to help you gather the tax information needed to prepare your 2023 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2022 personal income tax return.

In order to meet the filing deadline for your 2023 income tax return, your "completed" tax organizer needs to be received by our office no later than March 8, 2024.We are setting this arbirary date to try and insure that everyone's return is timely filed. We understand that some information is not available until March 15, 2024, or after, but, as always, being able to get started on your information has a value.

To protect your privacy, your Tax Information contains masked data. Masked data displays as asterisks. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2023 information on the **Checklist** pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.The Organizer is a list of source documents and information needed to prepare your return. Please indicate if there are any items listed that no longer pertain to you with code 2.

The **Client Questionnaire** asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer. **Sign this document.**

OUR PRIVACY POLICY

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to

assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Thank you for the opportunity to serve you.

Sincerely,

Dievendorf and Company

Dievendorf and Company
323 Delaware Ave
Delmar, NY 12054-1920
518-439-1040

Dear :

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. Speaking of fees, sadly we have had to increase ours. We hare setting up a new system for payment to accomodate timely filing and paying for returns.

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.

Invoices are due and payable upon presentation unless other arrangements are made. As always, no return is filed until payment is received.

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.

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,

Dievendorf and Company

Accepted By: ____

Date: _____________

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year? If yes, explain: ____________________	☐	☐
Did you live separately from your spouse during the last six months of the year?	☐	☐
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	☐	☐
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing 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?	☐	☐
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number OTHER THAN A SOCIAL SECURITY NUMBER?	☐	☐
Did you or a dependent receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If YES, attach the IRS letter for filing returns in 2023.	☐	☐
Dependent Information		
Were there any changes in dependents from the prior year? If yes, explain: ____________________	☐	☐
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of $2,500?	☐	☐
Do you have dependents who must file a tax return?	☐	☐
Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
Did you pay for child care while you worked, looked for work, or while a full-time student?	☐	☐
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	☐	☐
Did you pay any expenses related to the adoption of a child during the year? How much?	☐	☐
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?	☐	☐
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	☐	☐
Did you have onwership interest in any type of business?	☐	☐
Did you sell, exchange, or purchase any assets used in your trade or business?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell an existing business, rental or other property this year?	☐	☐
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐
Did you acquire or dispose of any stock during the year? Attach the 1099.	☐	☐
Did you take out a home equity loan this year?	☐	☐
Did you refinance a principal residence or second home this year?	☐	☐

Purchases, Sales and Debt Information continued...

	Yes	No
Did you lend money with the understanding of repayment and this year it became totally uncollectable? Attach the loan document.	☐	☐
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	☐	☐
Did you purchase a new or previously owned Clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer.	☐	☐

Income Information

Did you receive any income from property sold prior to this year?	☐	☐
Did you receive any unemployment benefits during the year?	☐	☐
Did you receive any disability income during the year?	☐	☐
Did you receive any Medicaid waiver payments as difficulty of care during the year?	☐	☐
Did you receive tip income not reported to your employer this year?	☐	☐
Did any of your life insurance policies mature, or did you surrender any policies?	☐	☐
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	☐	☐
Did you receive any income considered to be nonemployee compensation?	☐	☐
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?	☐	☐
Do you expect a large fluctuation in income, deductions, or withholding next year?	☐	☐
Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?	☐	☐

Retirement Information

Did you retire or change jobs this year?	☐	☐
Are you an active participant in a pension or retirement plan?	☐	☐
Did you receive any Social Security benefits during the year?	☐	☐
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐
If yes, were any withdrawals due to a Federally declared disaster?	☐	☐
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2023?	☐	☐
Did you receive any **lump-sum** payments from a pension, profit sharing or 401(k) plan?	☐	☐
Did you make any qualified charitable distributions (QCD) during the year?	☐	☐

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	☐	☐
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	☐	☐
Did anyone in your family receive a scholarship of any kind during the year?	☐	☐
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	☐	☐
Did you make any withdrawals from an education savings or 529 Plan account?	☐	☐
Did you make any contributions to an education savings or 529 Plan account?	☐	☐
Did you make contributions or withdrawals in an ABLE account for a disabled person.	☐	☐
Did you pay any student loan interest this year?	☐	☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989 for tuition?	☐	☐

Health Care Information

	Yes	No
Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for you, your spouse if filing jointly, and anyone you can claim as a dependent?	☐	☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? Provide Form 1095-A and 1095-B.	☐	☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and *share a policy with anyone who is not included in your family?*	☐	☐
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?	☐	☐
If you are a business owner, did you pay health insurance premiums for your employees this year?	☐	☐

Itemized Deduction Information

	Yes	No
Did you incur a casualty or theft loss or any condemnation awards during the year?	☐	☐
If yes, did the loss occur in a Federally declared disaster area?	☐	☐
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	☐	☐
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	☐	☐
Did you donate a vehicle or boat during the year? Attach 1099-C.	☐	☐
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.)?	☐	☐
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	☐	☐

Miscellaneous Information

	Yes	No
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 incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	☐	☐
Did you pay any individual as a ***household employee*** during the year?	☐	☐
Did you make energy efficient improvements to your main home this year?	☐	☐
Did you have foreign income or pay any foreign taxes during the year, directly or indirectly as from investment accounts, partnerships or a foreign employer?	☐	☐
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	☐	☐
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	☐	☐
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	☐	☐

Miscellaneous Information continued

	Yes	No
Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2024?	☐	☐
Do you plan to become an owner or control at least 25% of a company's ownership interests for a company registered with a secretary of state or similar office for the first time after January 1, 2024?	☐	☐
Did you receive correspondence from the State or the IRS?	☐	☐
If yes, explain: ____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	☐	☐
Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	☐	☐

COVID-19 Information

Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home?	☐	☐
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	☐	☐

Documents Attached - please check or initial:

_____Copies of checks for all estimated taxes paid for the year 2023.

_____All Forms W-2 for wages, salaries and tips.

_____All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, payment card or third party network transactions, etc.

_____Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.

_____Schedule K-1 showing income from partnerships, S corporations, estates and trusts.

_____Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.

_____Statements from U.S. Department of Education supporting federal student loan forgiveness.

_____All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.

_____ All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.

_____All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.

_____Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).

_____Statements supporting the receipt, exchange, sale, use, or any other disposition of a *digital* asset

_____Copies of closing statements regarding the sale or purchase of real property.

_____ Copies of legal papers for adoption, divorce, or separation involving custody of your dependent children.

_____*Six-digit Identity Protection PIN for use during calendar year 202*3, if sent to you by the IRS.

_____Any tax notices sent to you by the IRS or other taxing authority.

_____A copy of your income tax return from last year, *if not prepared by this office*.

Other Items to Consider:

	Yes	No
Are all of your beneficiaries on your IRA's and Pensions up to date?	☐	☐
Do you have a will?	☐	☐
Has your will been updated for new circumstances?	☐	☐
Have you had an estate plan prepared for you?	☐	☐
If yes, has it been updated?	☐	☐
If no, would you like one at no cost to you?	☐	☐
Have you considered a trust as part of legacy planning?	☐	☐

We have answered these questions to the best of our abilities.

____Date____________

Signature

General: 1040

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 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)	2	
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)	Y	

General: 1040, Contact

Present Mailing Address

Address ___
Apartment number ___
City/State postal code/Zip code ___ ___ ___
Foreign country name ___
Foreign phone number ___
Home/evening telephone number ___
Taxpayer email address ___
Spouse email address ___

General: 1040

Dependent Information

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

Credits: 2441

Child and Dependent Care Expenses

Provider information:
- Business name ___
- First and Last name ___ ___
- Street address ___
- City, state, and zip code ___ ___ ___
- Social security number OR Employer identification number ___
- Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) ___
- Amount paid to care provider in 2023 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

NOTES/QUESTIONS:

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
	X		

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable
	X		

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable

NOTES/QUESTIONS:

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ______ Payer's social security number ______
Payer's address, city, state, zip code ______
Amount received in 2023 ______ Amount received in 2022 ______

Income: B2

Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: 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	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2023 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2023 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2023 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2023 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2023		
Roth IRA Contributions for 2023 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2023		

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2023 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2023 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2023.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	_
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Mark if move is outside United States or its possessions	_
Transportation and storage expenses	
Travel and lodging (not including meals)	
Total amount reimbursed for moving expenses	

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2023 Information	Prior Year Information

Street address ______________________

City, State and Zip code ______________ ___ ______________

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
Other adjustments:			

Itemized: A1

Medical and Dental Expenses

T/S/J		2023 Information	Prior Year Information
	Medical and dental expenses		
	Medical insurance premiums you paid***		
	Long-term care premiums you paid***		
	Prescription medicines and drugs		
	Miles driven for medical items (22 cents)		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2023 Information	Prior Year Information
	State/local income taxes paid		
	2022 state and local income taxes paid in 2023		
	Sales tax paid on actual expenses		
	Real estate taxes paid		
	Personal property taxes		
	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2023 Information	Prior Year Information
	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2023 Information	Prior Year Information

Address	City	State	Zip Code

T/S/J		2023 Information	Prior Year Information
	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J		
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2023		

Itemized: A3

Charitable Contributions

T/S/J		2023 Information	Prior Year Information
	Contributions made by cash or check		
	Volunteer miles driven		
	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2023 Information	Prior Year Information
	Other expenses		
	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2023 Information	Prior Year Information
	Unreimbursed expenses***		
	Union dues, other than amounts reported on Form W-2***		
	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
	Safe deposit box rental***		
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

General: Bank

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:

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.

Electronic Filing: ID Auth

Identity Authentication

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 ______

Location of issuance ___

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 ______

Location of issuance ___

Document number (New York only) ______

NOTES/QUESTIONS:

Estimated Taxes

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

Refunded ____[52]

Applied to 2024 estimated tax liability ____[53]

Do you expect a considerable change in your 2024 income? (Y, N) ____[54]

If yes, please explain any differences:

____________________[55]

____________________[56]

____________________[57]

____________________[58]

Do you expect a considerable change in your deductions for 2024? (Y, N) ____[59]

If yes, please explain any differences:

____________________[60]

____________________[61]

____________________[62]

____________________[63]

Do you expect a considerable change in the amount of your 2024 withholding? (Y, N) ____[64]

If yes, please explain any differences:

____________________[65]

____________________[66]

____________________[67]

____________________[68]

Do you expect a change in the number of dependents claimed for 2024? (Y, N) ____[69]

If yes, please explain any differences:

____________________[70]

____________________[71]

____________________[72]

____________________[73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) ____[74]

2023 Federal Estimated Tax Payments

2022 overpayment applied to 2023 estimates + ____________[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ____[5]

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	________[6]	+ ________[7]	________	________
2nd quarter payment	06/15/23	________[8]	+ ________[9]	________	________
3rd quarter payment	09/15/23	________[10]	+ ________[11]	________	________
4th quarter payment	01/16/24	________[12]	+ ________[13]	________	________
Additional payment		________[14]	+ ________[15]		

***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:

Form ID: St Pmt

2023 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]
State postal code ___[2]

Amount paid with 2022 return + ________________[3]
2022 overpayment applied to '23 estimates + ________________[4]
Treat calculated amounts as paid __[8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	____________[9]	+	________________[10]	________________
2nd quarter payment	____________[11]	+	________________[12]	________________
3rd quarter payment	____________[13]	+	________________[14]	________________
4th quarter payment	____________[15]	+	________________[16]	________________
Additional payment	____________[17]	+	________________[18]	

2023 City Estimated Tax Payments

City #1

City name ________________________________[28]
Amount paid with 2022 return + ________________[31]
2022 overpayment applied to '23 estimates + ________________[32]
Treat calculated amounts as paid __[36]

	Date Paid		Amount Paid
1st quarter payment	____________[37]	+	________________[38]
2nd quarter payment	____________[39]	+	________________[40]
3rd quarter payment	____________[41]	+	________________[42]
4th quarter payment	____________[43]	+	________________[44]

Calculated Amount

1st quarter payment ________________
2nd quarter payment ________________
3rd quarter payment ________________
4th quarter payment

City #2

City name ________________________________[50]
Amount paid with 2022 return + ________________[53]
2022 overpayment applied to '23 estimates + ________________[54]
Treat calculated amounts as paid __[58]

	Date Paid		Amount Paid
1st quarter payment	____________[59]	+	________________[60]
2nd quarter payment	____________[61]	+	________________[62]
3rd quarter payment	____________[63]	+	________________[64]
4th quarter payment	____________[65]	+	________________[66]

Calculated Amount

1st quarter payment ________________
2nd quarter payment ________________
3rd quarter payment ________________
4th quarter payment

City #3

City name ________________________________[72]
Amount paid with 2022 return + ________________[75]
2022 overpayment applied to '23 estimates + ________________[76]
Treat calculated amounts as paid __[80]

	Date Paid		Amount Paid
1st quarter payment	____________[81]	+	________________[82]
2nd quarter payment	____________[83]	+	________________[84]
3rd quarter payment	____________[85]	+	________________[86]
4th quarter payment	____________[87]	+	________________[88]

Calculated Amount

1st quarter payment ________________
2nd quarter payment ________________
3rd quarter payment ________________
4th quarter payment

City #4

City name ________________________________[94]
Amount paid with 2022 return + ________________[97]
2022 overpayment applied to '23 estimates + ________________[98]
Treat calculated amounts as paid __[102]

	Date Paid		Amount Paid
1st quarter payment	____________[103]	+	________________[104]
2nd quarter payment	____________[105]	+	________________[106]
3rd quarter payment	____________[107]	+	________________[108]
4th quarter payment	____________[109]	+	________________[110]

Calculated Amount

1st quarter payment ________________
2nd quarter payment ________________
3rd quarter payment ________________
4th quarter payment

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) __[1]
State postal code ___[3]

Social Security Benefits

		2023 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	____________ [7]	____________
Prescription drug (Part D) premiums	+	[9]	
Net Benefits for 2023 (Box 3 minus Box 4) **(Box 5)**	+	____________ [12]	____________
Voluntary Federal Income Tax Withheld **(Box 6)**	+	____________ [14]	

Tier 1 Railroad Benefits

		2023 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2023 **(Box 5)**	+	____________ [22]	____________
Federal Income Tax Withheld **(Box 10)**	+	____________ [25]	____________
Medicare Premium Total **(Box 11)**	+	____________ [27]	

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]

NOTES/QUESTIONS:

Form ID: C-1

Schedule C - General Information

Preparer use only

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	__[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	__[22]	
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:	[25]	
Did you "materially participate" in this business? (Y, N)	__[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2023	__[30]	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N)	__[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	__[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	__[37]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2023 Information	Prior Year Information
Gross receipts and sales		
	+ [52]	
	+	
	+	
	+	
Returns and allowances	+ [55]	
Other income:		
	+ [57]	
	+	
	+	
	+	

Cost of Goods Sold

	2023 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:		
	+ [63]	
	+	
Materials	+ [65]	
Other costs:		
	+ [67]	
	+	
	+	
	+	
Ending inventory	+ [69]	

Form ID: C-2

Schedule C - Expenses

Preparer use only

Principal business or profession

		2023 Information		Prior Year Information
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)				
	+		[22]	
	+			
	+			
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[29]	
Pension and profit sharing:				
	+		[31]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[33]	
Other business property	+		[35]	
Repairs and maintenance	+		[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		[41]	
	+			
	+			
	+			
	+			
Travel and meals:				
Travel	+		[43]	
Meals (Enter 100% subject to 50% limitation)	+		[45]	
Meals (Enter 100% subject to DOT 80% limit)	+		[47]	
Meals (Fully deductible)	+		[49]	
Utilities	+		[51]	
Wages (Less employment credit):				
	+		[53]	
	+			
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			

Control Totals +

Form ID: C-3

Schedule C - Carryovers

Preparer use only

Principal business or profession ______________________

Preparer use only

Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Form ID: Rent

Rent and Royalty Property - General Information

31

1 **Preparer use only**

	2023 Information	Prior Year Information
Description X	[2]	
Taxpayer/Spouse/Joint (T, S, J) __[3] State postal code	[5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

Rent and Royalty Income

Rents and royalties	2023 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2023 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+		
Insurance:			
	+ [50]	[52]	
	+		
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+		
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+		
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+		
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		
	+		
	+		
	+		

Form ID: Rent-2 **Rent and Royalty Properties - Refinancing Points, Vacation Home, Passive Information** 32

1 **Preparer use only**
Description X

Refinancing Points

Preparer - Enter on Screen Rent

	2023 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[92]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2023		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2023		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2023		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2023 Information	Prior Year Information
Number of days home was used personally	[5]	
Number of days home was rented	[7]	
Number of day home owned, if not 365	[9]	
Carryover of disallowed operating expenses into 2023	+ [21]	
Carryover of disallowed depreciation expenses into 2023	+ [22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

NOTES/QUESTIONS:

Form ID: 1095A

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____[6]
Marketplace-assigned policy number **(Box 2)** ____[7]
Policy issuer's name **(Box 3)** ____[2]

Part III Household Information -

	A. 2023 Monthly Premium Amount	Prior Year Information	B. 2023 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2023 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ____[12]	____	+ ____[25]	+ ____[38]	____
February	+ ____[13]	____	+ ____[26]	+ ____[39]	____
March	+ ____[14]	____	+ ____[27]	+ ____[40]	____
April	+ ____[15]	____	+ ____[28]	+ ____[41]	____
May	+ ____[16]	____	+ ____[29]	+ ____[42]	____
June	+ ____[17]	____	+ ____[30]	+ ____[43]	____
July	+ ____[18]	____	+ ____[31]	+ ____[44]	____
August	+ ____[19]	____	+ ____[32]	+ ____[45]	____
September	+ ____[20]	____	+ ____[33]	+ ____[46]	____
October	+ ____[21]	____	+ ____[34]	+ ____[47]	____
November	+ ____[22]	____	+ ____[35]	+ ____[48]	____
December	+ ____[23]	____	+ ____[36]	+ ____[49]	____
Annual total	+ ____[24]		+ ____[37]	+ ____[50]	

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____[6]
Marketplace-assigned policy number **(Box 2)** ____[7]
Policy issuer's name **(Box 3)** ____[2]

Part III Household Information -

	A. 2023 Monthly Premium Amount	Prior Year Information	B. 2023 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2023 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ____[12]	____	+ ____[25]	+ ____[38]	____
February	+ ____[13]	____	+ ____[26]	+ ____[39]	____
March	+ ____[14]	____	+ ____[27]	+ ____[40]	____
April	+ ____[15]	____	+ ____[28]	+ ____[41]	____
May	+ ____[16]	____	+ ____[29]	+ ____[42]	____
June	+ ____[17]	____	+ ____[30]	+ ____[43]	____
July	+ ____[18]	____	+ ____[31]	+ ____[44]	____
August	+ ____[19]	____	+ ____[32]	+ ____[45]	____
September	+ ____[20]	____	+ ____[33]	+ ____[46]	____
October	+ ____[21]	____	+ ____[34]	+ ____[47]	____
November	+ ____[22]	____	+ ____[35]	+ ____[48]	____
December	+ ____[23]	____	+ ____[36]	+ ____[49]	____
Annual total	+ ____[24]		+ ____[37]	+ ____[50]	

Control Totals +

NOTES/QUESTIONS:

Dievendorf and Company
323 Delaware Ave
Delmar, NY 12054-1920
518-439-1040

January 7, 2024

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you to engage our tax preparation services. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form, but if we require information from another preparer and we cannot get that information because we have no consent to disclose, that may affect the tax preparation services that we provide to you and its cost, and we may decline to provide you with tax preparation services or change the terms (including the cost) of tax preparation services that we provide to you, if this form is unsigned.

If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

We, Dievendorf and Company, a U.S.- based firm may disclose your 2023 tax return information to the entities listed below. The information disclosed may include information furnished to for or in connection with the preparation of your tax return(s); information derived or generated by Dievendorf and Company from the information furnished; and/or tax return information associated with prior years' returns in the possession of Dievendorf and Company. The information disclosed may also include all information contained within your tax return(s); if you wish to request a more limited disclosure of your tax return information you must inform Dievendorf and Company.

If you would like to agree to allow Dievendorf and Company to disclose your tax return information to the entities listed below, initial next to the authorization declaration below and sign and date this consent to the disclosure of your 2023 tax return information.

_______ I, authorize Dievendorf and Company to disclose to the following my 2023 tax return information:

_____TAX PAYMENTS AND REFUNDS
_____MORTGAGE BROKERS
_____HEALTH CARE PROGRAMS
_____BROKERS AND FINANCIAL PLANNERS

____Date:___________
Taxpayer Signature:

Consent Valid Until: **One year from signature date**

I have read this form but decline to consent:

________________________________Date_______________

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please feel free to contact us at 518-439-1040 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

Dievendorf and Company
323 Delaware Ave
Delmar, NY 12054-1920
518-439-1040

January 7, 2024

CONSENT TO USE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax preparation services. If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you would like Dievendorf and Company to use your 2023 tax return information to determine whether this service is relevant to you, initial next to the authorization declaration below and sign and date this consent to use your 2023 tax return information.

_______ I, authorize Dievendorf and Company to use the information I provide to Dievendorf and Company during the preparation of my 2023 tax return.

_____FINANCIAL PLANNING
_____MORTGAGE APPLICATION
_____LOAN APPLICATION
_____WITHDRAWAL OF TAX PAYMENTS

____Date ___________
Taxpayer Signature:

Consent Valid Until: **One year from signature date**

I have read this form but decline to consent:

____________________________________Date_________________

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please feel free to contact us at 518-439-1040 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

Form ID: NY

New York General Information

If you received unemployment benefits or any of the special unemployment compensation authorized under the Coronavirus Relief Act, both are taxable income and must be reported on your return. You may need to go to the New York Department of Labor's website (labor.ny.gov) to get your 1099-G from your account. The 1099-G should show both the amount received and any amount of tax withheld.

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	____[1]	____[2]
Mark if you were a resident of Yonkers at any time during the current tax year	____[3]	____[4]
County of residence		____[5]
School district		____[6]

Use Tax

Use tax due but receipts or records not available X[7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	____[8]	Military Family Fund	____[25]
Missing or Exploited Children Clearinghouse Fund	____[9]	CUNY Fund	____[26]
Breast Cancer Research and Education Fund	____[10]	Life Pass it on Fund	____[27]
Alzheimer's Disease Fund	____[11]	ALS Research Fund	____[28]
Olympic Fund (Maximum $2 per filer)	____[12]	School-based Health Centers	____[29]
Prostate and Testicular Cancer Research and Education Fund	____[13]	Gifts to Food Banks Fund	____[30]
9/11 Memorial	____[14]	Meals on Wheels for Seniors	____[31]
Volunteer Firefighting and EMS Recruitment Fund	____[15]	Gifts to the Arts Fund	____[32]
Teen Health Education Fund	____[16]	Leukemia, Lymphoma, and Myeloma Fund	____[33]
Veterans Remembrance and Cemetery Fund	____[17]	State Campaign Finance Fund (Maximum $40 per filer)	____[34]
Homeless Veterans Assistance Fund	____[18]	William B. Hoyt memorial children family trust fund	____[35]
Mental Illness Anti-Stigma Fund	____[19]	Gun violence research fund	____[36]
Women's Cancers Education and Prevention Fund	____[20]	Substance use disorder education and recovery fund	____[37]
Autism Awareness and Research Fund	____[21]	Retired and Rescued Thoroughbred Horse Aftercare	____[38]
Veterans' Homes Assistance Fund	____[22]	Retired and Rescued Standardbred Horse Aftercare	____[39]
Love Your Library Fund	____[23]	Gifts for the State Library System	____[40]
Lupus Fund	____[24]	Gift for Lyme and Tick-Bourne Diseases	____[41]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value $85,000 or less

Mark if you lived in a nursing home and qualify for credit ____[42]

Enter amounts received for cash public assistance and relief ____[43]

Enter any other income not reported elsewhere ____[44]

Homeowners: ____[45]

Enter the amount of special assessments you and all qualified household members paid during the current tax year

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 ____[46]

Tenants: ____[47]

Enter the total rent you and all members of your household paid during current tax year

Rent includes charges for (Specify) ____[48]

4 = Heat, gas, electricity, furnishings and board
3 = Heat, gas, electricity and furnishings
2 = Heat, gas and electricity
1 = Heat or heat and gas
0 = Nothing included
____[49]

NOTES/QUESTIONS: