7232 6617JF 000 111522
MASTER

Frank B. & Marilyn S. Carson
5473 W. SECOND AVENUE
MINNEAPOLIS, MN 55417

Organizer
for your income tax return information

Scheduled date and time of tax appointment. ______________________

Dear Frank B. & Marilyn S. Carson:

Enclosed is your 2022 tax Organizer. Following are brief instructions to help you effectively review and complete the Organizer.

What is the Organizer? The Organizer is a tool designed to help you collect and communicate the information we need to prepare your Federal and state individual income tax returns. Pertinent information and amounts from your prior year's tax return (if applicable) are preprinted on the appropriate forms to save you time and for your review as described below. Accurate and comprehensive information received from you on this Organizer will facilitate the preparation of your tax return.

Getting Started You will need to refer to various income, expense, deduction, credit, and other tax related documentation you received throughout the past year. Some of the items you may wish to gather prior to reviewing the Organizer are: W-2s, 1099s, 1098s, K-1 schedules, closing statements from the purchase/sale of real estate, and your record of prior year tax payment(s). This information will help you with your review of the existing information and the addition of new Organizer information.

How to complete the Organizer The Organizer pages contain many of the common items of income, expense, deductions, credits and tax payments. These pages are preceded by a list of Miscellaneous Questions that require careful review and response as they impact the handling of your return. Several questions, if applicable, request that you provide detail on the continuation sheet. The continuation sheet is the last page of the Organizer and if necessary, you may attach additional sheets. To help you find specific forms within the Organizer, a table of contents is provided that lists the form and first page number of each form topic.

> Reviewing Preprinted Information and Notations Please review the preprinted information carried from your previous year's return and line through any information that does not apply to your 2022 return. Prior year amounts printed in shaded areas are for comparison purposes only. You do not need to change these shaded prior year amounts. T/S/J notations throughout the Organizer indicate whether the item applies to the taxpayer, spouse, or joint (both). Please use these as identifiers where requested.
>
> Providing New Information Please indicate the appropriate 2022 amounts and information in the designated areas. Many of the forms contain specific instructions to help guide you through the completion of the form or section. Complete only those sections that apply to your situation. Use the continuation sheet when requested or if additional space is needed.
>
> Items to submit with the Organizer You should retain all records such as cancelled checks, receipts, diaries and automobile usage logs available to support the Organizer information. It is especially important that you furnish us with copies of all tax-related forms, such as W-2s, K-1 Schedules that you receive, and any other pertinent forms that may be indicated on the individual Organizer forms to be attached or enclosed.

Please return the completed Organizer at your earliest convenience. We appreciate the opportunity to be of service.

Sincerely,

Table of Contents

Page numbers are in upper corner of each page.

Miscellaneous Questions

For all information in the Organizer, please indicate the type of currency if not U.S. dollars. If we do not have copies of your Federal, State, City and Foreign income tax returns for 2019, 2020 and 2021, please include them with this Organizer.

Indicate **X** if:

1. You would like to have any overpayment of federal tax refunded . . . . ____

2. You would like to have any overpayment of federal tax applied to your 2023 estimated tax . . ____

3. During 2022, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** . . . . . . ____

4. You or your spouse made any gifts (not charitable contributions) in excess of $15,000 to any one donee during the year. If so, provide details on a continuation sheet . . . . ____

5. You or your spouse made any gifts to a trust for any amount . . . . ____
If so, provide a copy of the trust instrument and provide details on a continuation sheet.

6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan . . . . ____
If so, provide details on a continuation sheet and copies of documentation.

7. You exercised any stock options during 2022. If so, provide details on a continuation sheet . . ____

8. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet . . . . ____

9. You loaned money for an interest rate less than the market rate of interest . . . . ____
If so, provide details on a continuation sheet.

10. You received any payments from a pension or profit-sharing plan this year or expect to receive next year . . . . ____
If so, provide details on a continuation sheet and attach statements from the plan.

11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else . . . . ____

If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the **Dividend Income** organizer form . . . . ____

12. You have received K-1s from partnerships, estates and trusts, or S corporations . . . . ____
If so, please attach copies of all K-1 forms received and any other relevant tax information from the entities and identify the K-1's on the **Partnerships, Estates and Trusts, S Corporations** organizer form.

13. You had income from rental property that is not listed elsewhere in this organizer . . . . ____
If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.

14. In 2022, you purchased a new alternative-powered vehicle that was not intended for resale. If so, please provide the certificate of uniformity provided by the manufacturer . . . . ____

15. In 2022, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) . . . . ____
If so, indicate the amount of total sales tax paid for these items on the medical expenses and taxes organizer page.

16. You or your family had qualifying health care coverage for every month of 2022. If you did not, attach supporting documents and provide details on continuation sheet . . . ____

17. You had a foreign bank account, securities account or signature authority over such an account at any time during 2022. If so, provide details on a continuation sheet . . . . ____

18. You owned any non-bank account assets in foreign countries, including (but not limited to) real estate, commodities, business interests . . . . ____

19. You paid household employee wages of $2,300 or more or withheld federal income tax in 2022. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet . . . . ____

20. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale . . . . ____

21. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale . . . . ____

22. You moved in connection with your employment in 2022 . . . . ____

Where you moved to . . . . ____________

When you moved . . . . ____________

If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.

23. You refinanced a mortgage during 2022. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage . . . . ____

24. You incurred any nonbusiness bad debts . . . . ____

If so, provide the following details on a continuation sheet:

- A description of the debt, including the amount and the date it became due,
- The name of the debtor, and any business or family relationship between you and the debtor,
- The efforts you made to collect the debt, and
- Why you decided the debt was worthless.

25. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) . . . . ____

You should keep the following in a safe place:

- Date, place, and amount of expense
- Actual receipts for expenses in excess of $75
- Name and business affiliation of persons entertained
- Business purpose of expense
- Documentation of the business discussed before, during and after the entertainment
- Receipts for hotel, airline, and other travel expense

26. You incurred any casualty or theft losses in 2022 . . . . ____

If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.

27. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet . . . . ____

28. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. . . . . ____

29. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details . . . . ____

30. You made any out of state purchases and didn’t pay a sales tax in your resident state. If so, enter details in the state section of the organizer or on Continuation Sheet . . . . ____

31. You or your spouse receive compensation (either in the form of wages, payment for services or from "mining") in the form of virtual currency during tax year 2022? If so, please provide details in the compensation section. . . . . ____

32. You or your spouse sold, exchanged, or disposed of virtual currency during tax year 2022? This includes exchanging virtual currency for goods or services in a commercial transaction. If so please provide the FMV of the virtual currency on the date of the sale or exchange and your basis in the virtual currency on the date of the sale or exchange in the capital gains or losses section. . . . . ____

33. Did you or your spouse make payments or pay wages using virtual currency to an independent contractor, employee, or other service provider?. . . . . ____

Taxpayer Information

Personal Information

First name	Initial	Last name	Social Security Number	M/F		
Frank	B	Carson	On File		TP	1
Marilyn	S		On File		SP	2

Street address	Apt. number	
5473 W. SECOND AVENUE		3
		4

City	State	Zip code	County	
MINNEAPOLIS	MN	55417		5

Foreign Country	Foreign Province	Foreign Zip code	
			6

Preferred:	Home/Cell	Business/Cell	Ext	
Taxpayer Telephone	(612) 111-1111	(612) 222-2222		7
Spouse Telephone	( )	( )		8

E-Mail Address ______ 9

Spouse E-Mail Address ______ 10

X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) ____ 10

X if you authorize taxing authority to discuss return with paid preparer Federal . . ____ State . . ____ 11

X if you don't want state tax forms mailed to you next year . . . . ____ 12

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

- Single . . . . ____ 13
- Married, filing jointly . . . . X 14
- Married, filing separately . . . . ____ 15
- Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) . . . . ____ 16
- Widow (widower), as of 2020 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child . . . . ____ 17

Head of Household or Qualifying Widow(er)

Indicate the name of the qualifying child who is not a dependent ______ 18

Social security number of qualifying child . . . . ______ 19

General

	Taxpayer	Spouse	
Occupation:	MANAGER	SECRETARY	20
Date of birth:	On File	On File	21
Date of death:			22
Disabilities:	Blind ____ Deaf ____ Totally Disabled ____ Quadriplegic ____	Blind ____ Deaf ____ Totally Disabled ____ Quadriplegic ____	23
	Paraplegic/Quadriplegic/Hemiplegic ____ Other ____	Paraplegic/Quadriplegic/Hemiplegic ____ Other ____	24
Contribute to Presidential Campaign Fund	Yes X No ____	Yes X No ____	25

Bank Information for Direct Deposit of Refund/Debit of Payment Due

Routing number ______ (should be 9 digits) 26

Account number ______ 27

(Attach a voided check)

If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet.

Account type

Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X. . . . . ____ 28

Authorize direct debit for payment of taxes due, please indicate with an **X** . . . . ____

Taxpayer Information (cont'd)

General

	Taxpayer	Spouse	
Driver's license or State issued ID number:	____________	____________	31
Indicate **X** if State Issued ID - not Driver's license	____	____	32
Indicate **X** if Foreign ID	____	____	33
Indicate **X** if do not have driver's license	____	____	34
Indicate **X** if no driver's license provided	____	____	35
State of issuance	____________	____________	36
Document Number (NY Only) *	____________	____________	37
Issuance Date:	__________	__________	38
Expiration Date:	__________	__________	39
Indicate **X** if State ID or license does not expire	____	____	40
Indicate **X** for Active Duty, **S** for Reserves or **T** for Retired			41
Military Service Indicator	____	____	42
Combat Zone Deployment Dates	__________	__________	43

Organizer | General Information | Basic Return Data | Taxpayer Information

* See website for explanation of NY document number https://dmv.ny.gov/id-card/sample-photo-documents.

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:
1) they were a U.S. citizen or a U.S. legal resident, **and**
2) you provided over half of their total support in 2022, **and**
3) they had gross income of less than $4,400 and was your qualifying relative, **or**, the individual was your child **and**
   a) Your child was under age 19 at the end of 2022, **or**
   b) Your child was under age 24 at the end of 2022 **and** was a student for any 5 mos.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	First name	Last name	Social security number	Date of birth	Dependency relationship son, other, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2022, born and died in the same year	Child care expenses incurred and paid in 2022*	
	CRAIG A.	T	On File	10012002	Son			1
	KAREN C.		On File	06012011	Daughter			2
								3
								4
								5
								6

* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on a continuation sheet. Only include expenses incurred prior to each dependent's 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return . . . . ____ 7

Organizer | General Information | Basic Return Data | Taxpayer Information

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate. Please attach supporting statements.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

Parent's name

___ ____________________ 8

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2022 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2022 unearned income.

First name	Last name	2022 Unearned Income: Interest & Ordinary Dividends	[1] Net Capital Gain	Investment Interest Expense	Qualified Dividends	
						9
						10
						11
						12

Organizer | Income | Kid-tax Income | Tax for Children

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return. Please attach supporting statements. (Forms 1099-B; 1099-DIV and 1099-INT)

First name	Last name	Interest	Tax-exempt interest	[1] Capital gains	[2] Total Dividends	
						13
						14
						15
						16

[1] Please indicate amount of both short-term and long-term (including capital gain distribution).

[2] Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

Employee Compensation and Withholding

Wages and Salaries

Please enclose all copies of 2022 Forms W-2. Enter payments of 2022 estimated tax on the **Payments of 2022 Federal, State & City Estimated Tax** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse

	T/S	Employer's name / Name of state	Box 1 Wages and Salaries	Box 2 Federal income tax withheld	Box 4 Social Security tax withheld	Box 6 Medicare tax withheld	Box 17 State tax withheld Name state*:	Box 19 City tax withheld Name state*:
1	T	MAJOR SUPPLIER						
2	S	SMITH, BARNEY						
3								
4								
5								
6								
7								
8								
9								
10								
T		Total (Lines 1-10)						

Organizer | Income | Wages and Salaries | Columnar Wages Entry

*if more than one state/city please list under "Other Federal, State and City Tax Withholdings" section below

Other Wage Information

Other Federal, State and City Tax Withholdings

Do not duplicate elsewhere. Enter payments of 2022 estimated tax on the **Payments of 2022 Federal, State & City Estimated Tax** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	T/S/J	Description	Federal	State	City/Local	Name of state
11						
12						
13						
14						
T		Total (Lines 11-14)				

Other W-2 Information

		Taxpayer	Spouse
15	If your employer provided any other economic benefit not reported excluding company provided fringe benefits, indicate the total amount		

If any of the following income items were received, provide details on a continuation sheet:

- tip income
- reimbursements in excess of expenses
- professional fees
- personal use of company automobile
- discriminatory medical payments

Organizer | Income | Wages and Salaries | Other Wage Withholding & Misc.

Interest Income - 1099-INT

List all interest received per Forms 1099-INT or other information statements you received. Enter any early withdrawal penalties on the next page. Please enclose copies of all 1099-INT's, Schedules K-1, and other documents indicating interest received.

- Include supplemental information provided by the broker for determining any modifications for state income tax purposes.
- Include interest credited to your savings accounts during the year as of Dec. 31.
- Include interest credited annually on dividends left on deposit with a life insurance company.
- **Do not** list interest from Schedule K-1.
- If you've entered an amount in the Foreign Taxes Paid column, please enter foreign source income below and foreign country on a Continuation Sheet.

Interest Income

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

Enter **"X"** if state withholding is present

T/S/J	X	Name of Payer	Box 1 Interest Income not Included in Box 3	Box 1 PY Amount	Box 3 Interest on U.S. Savings Bonds & Treasury Obligations	Box 4 Federal Income Tax Withheld	Box 5 Investment Expenses	Box 6 Foreign Tax Paid	- Foreign Source Interest Income	Box 8 Tax-exempt Interest	- Nonresident Tax-Exempt Interest	Box 9 Specified Private Activity Bond Interest
J		AMERICAN SAVINGS										
J		NORWEST BANK										
		Total interest										

Interest Income - Other

Seller-Financed Mortgage Interest

		2022 amount	PY amount	
__	Buyer's name ______			1
	Buyer's address ______ SSN ______			2
__	Buyer's name ______			3
	Buyer's address ______ SSN ______			4

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

Other Interest

		2022 amount	PY amount	
__	Interest received on Federal tax refunds			5
__	Interest received on State tax refunds (list total for all State refunds)			6
	List state names included in total ______			
__	Interest received as a nominee			7
__	Interest accrued to buy bonds			8
__	Accrued Market Discount			9
	Total interest income (Lines 5-9)			T

Organizer | Income | Interest Income | Interest Adjustments

Original Issue Discount, 1099-OID

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

Enter **"X"** if state withholding is present

T/S/J	X	Name of Payer	Box 1 Original Issue Discount	Box 2 Other Periodic Interest	Box 3 Early Withdrawal Penalty	Box 4 Federal Inc. Tax Withheld	Box 5 Foreign Tax Paid	Box 8 OID on US Treasury Obligations	Box 9 Investment Expenses

Early Withdrawal Penalty - 1099-INT

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

T/S/J	Name of Payer	Box 2 Amount

Organizer | Income | Interest Income

Dividend Income - 1099-DIV

List all dividends received by you or for your account.

Please enclose copies of all 1099-DIV's, Schedules K-1, and other documents indicating dividends received.

- Include dividends left with a company to be reinvested in the company's stock.
- Do **not** include Credit Union Dividends here. They should be included on the **Interest Income - 1099-INT** organizer.
- Do **not** include dividends received as a return of premiums from mutual insurance companies.
- Do **not** list dividends from Schedules K-1.
- If you've entered an amount in the Foreign Taxes Paid column, please enter foreign country and break out foreign qualified dividends on a Continuation Sheet.

Dividends

Indicate: **T** = Taxpayer, **S = Spouse,** **J** = Joint

Enter **"X"** if state withholding is present

T/S/J	X	Name of Payer	Box 1a Ordinary Dividends	Box 1a PY Amount	Box 1b Qualified Dividends	Box 2a Capital Gain distribution	- U.S. Gov't Interest incl. in dividends	Box 2b Unrecap. sec. 1250 gain	Box 2c Sec. 1202 gain	Box 3 Non-taxable distribution	Box 5 Sec. 199A dividends	Box 6 Investment expenses	Box 7 Foreign Tax Paid	Box 10 Exempt-interest dividends	Box 11 Specified Private Activity	- Foreign Source Dividend Income
J		HYTE FUND														
J		NEW DIMENSION FUND														
		Total dividends														

Schedule C - Profit or Loss from Business or Profession

Activity Information

Indicate: **T** = Taxpayer, **S** = Spouse, **J**= Joint	S	1
Business name	CRAFTIQUES	2
Street	5473 W. SECOND AVENUE	3
City, state, zip, country	MINNEAPOLIS, MN 55417	4
Principal business/profession	GIFT, NOVELTY & SOUVENIR SHOP	5
Employer identification number / Tax shelter ID number / Tax shelter registration number		6

Accounting Method

Indicate method of accounting: **A** = Accrual, **O** = Other, **C** = Cash, **B** = Leave unanswered	C	7
If other (specify)		8

Inventory Valuation

Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)

C = Cost, **L** = Lower of cost or market, **O** = Other, **D** = Not applicable	C	9
X if there was any change in determining quantities, cost, or valuation of inventories		10

Miscellaneous Information

Indicate **X** if this business was started or acquired during 2022		11
Indicate **X** if you received earnings as a statutory employee		12
Indicate **X** if the business was disposed of in 2022		13
Indicate **X** if the business was ever audited by IRS, State, or Foreign Tax Authority		14
Year of audit		15
Indicate **X** if you made any payments in 2022 that would require you to file Form(s) 1099		16
Indicate **X** if you filed all required Form(s) 1099		17

Income

Gross Receipts or Sales

	2022 amount	PY amount	
			18
			19
Total or override			T
Returns & allowances			20

Cost of Goods Sold and/or Operations

	2022 amount	PY amount	
Inventory at beginning of year		2975	21
Purchases less cost of items withdrawn for personal use			22
Cost of labor			23
Materials and supplies			24
Other costs related to inventory			
			25
			26
Inventory at end of year			27
Total cost of goods sold and/or operations			T

Reimbursements

	2022 amount	PY amount	
Meals and Entertainment			28
Other reimbursements			29

Other Income

	2022 amount	PY amount	
			30
			31
Total other income (Lines 29-30)			T
Portfolio Income			32

Schedule C - Profit or Loss from Business or Profession

Business name: CRAFTIQUES 1

Expenses

	2022 amount	PY amount	
Advertising			33
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)			34
Commissions and fees			35
Contract Labor			36
Employee benefit programs			37
Insurance (other than health insurance)			38
Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents.			39
Other interest			40
Legal and professional services			41
Office expenses postage, etc.			42
Pension and profit-sharing plans			43
Machinery and equipment rent			44
Other business property rent			45
Repairs and maintenance			46
Supplies			47
Taxes and licenses			48
Travel			49
Meals & Entertainment & Overnight Meals (gross amount subject to limitation)			50
Utilities			51
Wages (gross)			52
Total expenses (Lines 32-51)			T

Indicate **X** if you were subject to the Department of Transportation hours of service limits ________ 53

	2022 amount	PY amount
Self-employed health insurance premium payments you made during 2022		

Other Expenses

	2022 amount	PY amount	
Local transportation including train, cabs, bus, etc.			54
Overnight travel expense (lodging, car rental, taxi, etc. **excluding meals)**			55
Telephone			56
Professional dues			57
Stationery, postage			58
Professional magazines, journals			59
Other expenses (e.g. uniforms required as condition of employment)			
			60
			61
			62
			63
			64
Total (Lines 53-63)			T

Sec. 199A Income and Wages Paid

	2022	PY	
- Qualified Business Income			65
- Specified Service Trade or Business			66
- Wages were paid to employees. (Provide a copy of form W3)			67

Schedule C - Profit or Loss from Business or Profession

Business name: CRAFTIQUES 1

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2022. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
Laptop Computer	04/15/2020	2500				1
						2
						3
						4
						5
						6
						7
						8
Total (Lines 1-8)						T

New Clients: For assets placed in service prior to 1/1/2022, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

9

10

11

12

Organizer | **Income** | **Business Income** | *Business Name* | **Depreciation and Amortization** | **Asset Detail**

Notes:

Miscellaneous Income

Social Security/RRTA Payments

	2022 amount	PY amount	
Refer to Box 5 on SSA 1099 Social Security and RRTA payments received - Taxpayer			1
Medicare Insurance Premiums after Social Security - Taxpayer (Enter gross amount before medicare deductions.) (enter related withholding on the Employee compensation & withholding page)			2
Social Security and RRTA payments received - Spouse			3
Medicare Insurance Premiums after Social Security - Spouse (Enter gross amount before medicare deductions.)			4

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

* List states or localities on Continuation sheet.

T/S/J		2022 amount	PY amount	
	State income tax refunds received in 2022 (total for all states)*			5
	Local income tax refunds received in 2022 (total for all localities)* Include interest received on the **Interest Income - 1099-INT** organizer; include withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer.			6
	Alimony income or legal separation payments received for pre-2019 settlements			7
	Date of divorce			8
	Unemployment insurance compensation			9
	Insurance reimbursements for prior-year medical expenses that you deducted			10
	Total miscellaneous income (Lines 5 - 9)			T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, HSA distributions not used for unreimbursed qualified medical expenses, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Preparer Use Only: A or Blank = Subject to S/E Tax, **B** = Not subject to S/E Tax

T/S/J	A/B	Description	2022 amount	in state Amount taxable	PY amount	
						11
						12
						13
		Total other miscellaneous income (Lines 10 -12)				T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Name of payer ______

	2022 amount	PY amount	
Box 1 - Gross distribution			14
Box 2 - Earnings			15
Box 3 - Basis			16
Box 5 - Enter X if a private 529 program			17
Box 5 - Enter X if a state 529 program			18
Box 5 - Enter X if a Coverdell ESA			19
Amount contributed to this Coverdell ESA in 2021			20
Basis in this Coverdell ESA for 2021 and prior years			21
Type of Plan: Coverdell ESA	Amount	529 Plan	
Adjusted qualified higher education expense paid for during 2022			22
For whom was the expense incurred?			23

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

Capital Gains and Losses

Complete the following for each sale of stock, bonds; including municipals, mutual funds, or similar securities. Indicate the amount of any transfer taxes paid after the description. The amounts shown on this form must reconcile to Form 1099-B.

- If any sales were transacted outside the U.S., provide the following details on a continuation sheet:
  (a) the name of the country where the sale took place and
  (b) information regarding any tax imposed on the sale by that country.
- If you had an installment sale in 2022, provide that information on a continuation sheet. For installment sales prior to 2022, use the **Installment Sales** form.
- If you had a like-kind transaction (section 1031) during 2022, please provide details below and additional details on a continuation sheet.
- [illegible] **income forms or on a continuation**
- [illegible] **statements below.**

Sales of Stocks, Bonds, etc.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Indicate: **A** = Transaction is reflected on Form 1099B with proceeds and basis (covered), **B** = Transaction is reflected on Form 1099B with only proceeds (non-covered), **C** = Transaction is not reported on Form 1099B

T/S/J	A/B/C	Number of shares and company name	Date acquired MM/DD/YYYY	Date sold or date worthless* MM/DD/YYYY	Sales proceeds net of selling expense	Cost or other basis	Adjustments before limitations	Code	LT ST	
										1
										2
										3
										4
										5
										6
										7
										8
										9
										10
										11
										12
										13
										14
										15
										16
										17
										18
										19
										20
										21
										22
										23
										24
				Total (Lines 1 - 24)						T
					Net Gain/Loss					GT

Indicate **X** if you owned any securities which became worthless during 2022 . . . . ____ 25

*(Also provide on a continuation sheet how it was determined to be worthless.)

Indicate **X** if you re-purchased securities within 30 days before or after the sale of any securities from the same company or fund within any taxable or nontaxable account. If so, provide details on Continuation sheet. . . ____ 26

Indicate **X** If you engaged in any crypto transactions during 2022. . . . . ____ 27

Adjustments to Income

Individual Retirement Arrangement (IRA)

For IRAs, contributions **must** be made on or before April 15, 2023, even if the due date of the return is extended beyond that date.

Amount contributed to your IRA(s)	Taxpayer	PY Amount	Spouse	PY Amount	
Regular IRA* or SEP IRA* during 2022					1
Regular IRA or SEP IRA Jan - April 2023 . .					2
Roth IRA**during 2022					3
Roth IRA Jan - April 2023					4
Conversion from Regular to Roth IRA					5

* Do not include amounts withdrawn for 2022 or rolled over before 1/1/2023

	Taxpayer	Spouse	
Indicate **X** if you were eligible to participate in a qualified employee maintained retirement plan			6
Indicate **X** if you want maximum IRA contribution calculated			7

(Enter "IRA Management Fees" on the **Miscellaneous Deductions** form.)

Organizer | Adjustments to Income | IRA | IRA Contributions

Value of all IRA(s) as of 12/31/2022

Provide IRA values here **only** if **either** of the following applies.

- You made nondeductible contributions to your IRA for 2022, or
- You received IRA distributions in 2022 and you have at any time made nondeductible contributions to any of your IRA(s).

Name of Trustee	Value on 12/31/2022 Taxpayer	Value on 12/31/2022 Spouse	
			8
			9
			10
Total IRA basis for 2021 and prior years			11

Organizer | Adjustments to Income | IRA | IRA Values

Self-Employed Retirement Plan (Qualified Plan and SEP)

Amount contributed:	Taxpayer	PY Amount	Spouse	PY Amount	
By your employer to SEP (if self-employed or a partner) . . .					12
To a Qualified plan					13

	Taxpayer	Spouse	
Indicate **X** if you want maximum SEP contribution calculated			14
Indicate **X** if you want maximum Qualified Plan contribution calculated . . .			15

Organizer | Adjustments to Income | Qualified Plan, SEP, and Simple Deductions

Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

T/S/J		2022 Amount	PY Amount	
___	Amount of penalty on early withdrawal of savings			16
___	Alimony or legal separation payments made for pre-2019 settlements . .			17
	Recipient's social security number ____________ Date of divorce			18
___	Amount of qualified student loan interest paid			19
___	Supplemental unemployment benefits repaid			20
___	Other adjustments to income . . . ____________			21
___	Educator expenses			22
___	Contributions made to health savings account (HSA)			23
___	Distributions from health savings account (HSA)			24
___	Amount of HSA distributions spent on qualified medical expenses.			25

Organizer | Adjustments to Income | Other Adjustments to Income

Payments of 2022 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2021. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding organizer.(Expatriate returns - Do not include hypothetical tax reductions.)**

Note: Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2021 overpayment applied to 2022 estimate				1
1st installment (due 4/15/2022) (excluding extension payment)	NONE			2
2nd installment (due 6/15/2022)	NONE			3
3rd installment (due 9/15/2022)	NONE			4
4th installment (due 1/15/2023)	NONE			5
Total federal estimated tax paid				T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
State/City name Minnesota				6
2021 estimated tax paid in 2022				7
2021 extension amount paid in 2022				8
2021 balance due paid in 2022				9
2021 overpayment applied to 2022 estimate				10
1st installment				11
2nd installment				12
3rd installment				13
4th installment				14
Total state/city estimated tax paid				15
State/City name				16
2021 estimated tax paid in 2022				17
2021 extension amount paid in 2022				18
2021 balance due paid in 2022				19
2021 overpayment applied to 2022 estimate				20
1st installment				21
2nd installment				22
3rd installment				23
4th installment				24
Total state/city estimated tax paid				25
State/City name				26
2021 estimated tax paid in 2022				27
2021 extension amount paid in 2022				28
2021 balance due paid in 2022				29
2021 overpayment applied to 2022 estimate				30
1st installment				31
2nd installment				32
3rd installment				33
4th installment				34
Total state/city estimated tax paid				35

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Payments of 2022 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2021. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding organizer.(Expatriate returns - Do not include hypothetical tax reductions.)**

Note: Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2021 overpayment applied to 2022 estimate				1
1st installment (due 4/15/2022) (excluding extension payment)				2
2nd installment (due 6/15/2022)				3
3rd installment (due 9/15/2022)				4
4th installment (due 1/15/2023)				5
Total federal estimated tax paid				T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
State/City name				6
2021 estimated tax paid in 2022				7
2021 extension amount paid in 2022				8
2021 balance due paid in 2022				9
2021 overpayment applied to 2022 estimate				10
1st installment				11
2nd installment				12
3rd installment				13
4th installment				14
Total state/city estimated tax paid				15
State/City name				16
2021 estimated tax paid in 2022				17
2021 extension amount paid in 2022				18
2021 balance due paid in 2022				19
2021 overpayment applied to 2022 estimate				20
1st installment				21
2nd installment				22
3rd installment				23
4th installment				24
Total state/city estimated tax paid				25
State/City name				26
2021 estimated tax paid in 2022				27
2021 extension amount paid in 2022				28
2021 balance due paid in 2022				29
2021 overpayment applied to 2022 estimate				30
1st installment				31
2nd installment				32
3rd installment				33
4th installment				34
Total state/city estimated tax paid				35

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Medical Expenses and Taxes

Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

NOTE: Medical expenses are only deductible if over 7.5% of AGI.

Medical and dental expenses (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)

T/S/J	Description	2022 amount	PY amount	Line
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
				11
				12
				13
				14
				15
	Medical expense reimbursements received in 2022 - (not necessary if amounts listed above are net of any reimbursements)	( )		16
	Taxpayer long term care insurance			17
	Spouse long term care insurance			18

Vehicle Expenses

T/S/J	Description	2022 amount	PY amount	Line
T	Standard medical miles Jan - Dec			19
	Actual gas/oil, expenses incurred			20
	Parking fees/tolls			21
	Total (Lines 1 - 18, 20 & 21)			T

Organizer | Itemized Deductions | Medical and Dental Expenses

Deductible Taxes

Real estate taxes - (Exclude taxes reported on **Rent and Royalty Income, Vacation Home, Office-in-Home,** or **Form 1098.**) **NOTE:** A portion of real estate taxes may be deductible even if you do not itemize.

T/S/J	Description	2022 amount	PY amount	Line
				22
				23
				24
				25
	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)			26
	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)			27
	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)			28
	State unemployment and disability taxes			29
	State/local sales or excise taxes paid during 2022 Include copy(ies) of purchase invoice for each vehicle referenced above			30
	Other state income taxes paid in 2022 (including amounts paid for prior year)			31
	Other city income taxes paid in 2022 (including amounts paid for prior year)			32

Other deductible taxes

T/S/J	Description	2022 amount	PY amount	Line
				33
				34
				35
				36
	Total (Lines 22 - 36)			T

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

Interest Expense

Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2022. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

	2022 amount	PY amount	
J MORTGAGE LENDER'S TRUST — **X** if home equity line/loan ___			1
Mortgage interest received from payer(s)/borrower(s) (Box 1)			2
Points paid on purchase of principal residence (Box 6)			3
Refund of overpaid interest (Box 4)			4
Qualified Mortgage Insurance Premiums (Box 5)			5
Real estate taxes paid or other amount shown			6

Organizer | Source Documents | *Form 1098 - Mortgage Interest & Taxes* | Form 1098 - Mortgage Interest & Taxes

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

(Enter any additional Form 1098 information on a continuation sheet)

	2022 amount	PY amount	
___ ________ **X** if home equity line/loan ___			7
Mortgage interest received from payer(s)/borrower(s) (Box 1)			8
Points paid on purchase of principal residence (Box 6)			9
Refund of overpaid interest (Box 4)			10
Qualified Mortgage Insurance Premiums (Box 5)			11
Real estate taxes paid or other amount shown			12

Organizer | Source Documents | *Form 1098 - Mortgage Interest & Taxes* | Form 1098 - Mortgage Interest & Taxes

Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2022 amount	PY amount	
			13
			14
Total (Lines 13 - 14)			T

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2022 Points Paid	PY amount	
___ **X** if loan is a refinancing					15

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

Mortgage Interest Paid To an Individual

Name	SSN	I confirm this loan has properly been recorded ___		16
Address				17

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

Other Mortgage Information

If your **home acquisition debt** (mortgages to buy, build, or improve your principal home and one other residence) totaled $750,000 or more at any time during 2022 ($375,000 if married filing separately) or your **home equity debt** totaled $100,000 or more at any time during 2022 ($50,000 if married filing separately), provide balances below.

	Loan 1	Loan 2	Loan 3	Loan 4	
Name of Lender					18
Jan 1 Beginning Balance					19
Dec 31 Ending Balance					20
Interest paid per Form 1098					21

If you meet the requirements listed above **and** you borrowed any new amounts on a mortgage this year, you prepaid more than one month's principal, or you did not make level payments at fixed intervals, also provide all monthly loan statements.

Investment Interest Expense

Include margin loan interest paid to purchase securities

	2022 amount	PY amount	
			22
			23
Total (Lines 22 - 23)			T

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

Contributions

Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2022. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. **Each contribution of $250 or more requires written acknowledgment** of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

	Name of organization:	prep. use only 30% 60% 100%	2022 Amount	PY amount	
J	CHURCH				1
J	MISCELLANEOUS CHARITIES				2
J	UNITED WAY				3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
					15
	Total (Lines 1 - 15)				T

Volunteer Expenses

		2022 Amount	PY amount	
T	Standard charitable miles Jan - Dec			16
	Actual gas/oil, expenses incurred			17
	Parking fees/tolls			18

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

Miscellaneous Deductions

		2022 amount	PY amount	
	Amortized Bond Premium:			
T				19
				20
	Claim Repayments:			
				21
				22
	Unrecovered Pension Investments:			
				23
				24
	Gambling losses (not to exceed gambling winnings)			T
	Total (Lines 25 - 30)			

Organizer | Itemized Deductions | Miscellaneous

Noncash Charitable Contributions

Noncash Contributions

Enter noncash contributions here if your total of ALL noncash contributions is $500 or less

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	Description of property contributed and organization name:	prep. use only 20% 50% 30% 100%	2022 amount	
___				1
___				2
___				3
___				4
	Total (Lines 1 - 4)			5

Enter noncash contributions below if your total of ALL noncash contributions is greater than $500

Note: An appraisal may be required for contributions over $5000. Include out-of-pocket expenses.
If you donated a vehicle, boat or airplane during 2022, please provide Form 1098-C, the written acknowledgement you received from the charity.
For stock donations, provide the high & low selling prices per share on the date of donation.

Note: Clothing and household goods will be deductible only if in good to excellent condition when donated.

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

		Name and Address of Donee*	Description of Donated Property	
___	1			6
___	2			7
___	3			8
___	4			9
___	5			10

	Contribution Date	Date Acquired	How Acquired	Cost or Basis	Fair Market Value	Method Used to Determine FMV	
1							11
2							12
3							13
4							14
5							15

*Preparer Note: Up to five donee organizations can be entered for each ownership code on the organizer screen.

Organizer | Itemized Deductions | Contributions | Noncash Contrib. > 500

Household Employment Taxes

General Information

Indicate: **T** = Taxpayer, **S** = Spouse . . . . ___ 1

Employer ID number . . . . ______________ 2

Social Security, Medicare, and Income Taxes

Indicate **X** if:

You paid **any one** household employee wages of $2,300 or more in 2022 . . . . ___ 3

You withheld Federal income tax during 2022 at the request of any household employee . . . . ___ 4

You paid **total** wages of $1,000 or more in **any** calendar **quarter** of 2022 or 2021 to household employees . . . . ___ 5

You have filed Form W-2 for each of the employees you paid wages in 2022. **Attach copy.** . . . . ___ 6

Name of household employee	Wages subject to Social security taxes	Wages subject to Medicare taxes	Wages subject to FUTA tax	Federal income tax withheld	
______________	________	________	________	________	7
______________	________	________	________	________	8
______________	________	________	________	________	9
______________	________	________	________	________	10
______________	________	________	________	________	11

Federal Unemployment (FUTA) Tax

The limit is $7,000 per year per employee.
Indicate **X** if:

You paid unemployment contributions to only one state . . . . ___ 12

You paid all state unemployment contributions for 2022 by April 18, 2023 . . . . ___ 13

All wages that are taxable for FUTA tax were also taxable for state's unemployment tax . . . . ___ 14

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions . . . . ______________ 15

State reporting number as shown on state unemployment tax return . . . . ______________ 16

Contributions you paid to state unemployment fund for 2022 . . . . ______________ 17

State experience rate period . . . . From: ____________ To: ____________ 18

State experience rate . . . . ______________ 19

Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the ***Dependent Information Page***

Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . ____ 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS ____ 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit . . . . . ____ 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings ____________ 4

Indicate the employer provided dependent care benefits forfeited in 2022-Taxpayer ________________ 5

Indicate the employer provided dependent care benefits forfeited in 2022-Spouse ________________ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

Persons or Organizations Who Provided The Care

Name . . . . ________________________________ 7

Street Address . . . . ________________________________ 8

City, State and Zip Code . . . . ________________________________ 9

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . ______________ 10

Amount Paid . . . . ______________ 11

Phone Number (CA only) . . . . ______________ 12

Hawaii Tax ID Number . . . . ______________ 13

Name . . . . ________________________________ 14

Street Address . . . . ________________________________ 15

City, State and Zip Code . . . . ________________________________ 16

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . ______________ 17

Amount Paid . . . . ______________ 18

Phone Number (CA only) . . . . ______________ 19

Hawaii Tax ID Number . . . . ______________ 20

Name . . . . ________________________________ 21

Street Address . . . . ________________________________ 22

City, State and Zip Code . . . . ________________________________ 23

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . ______________ 24

Amount Paid . . . . ______________ 25

Phone Number (CA only) . . . . ______________ 26

Hawaii Tax ID Number . . . . ______________ 27

Organizer | Credits | Child and Dependent Care Credit | Care Providers

Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . ____ 28

If so, indicate the number of months you or your spouse was disabled . . . . ______ 29

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer or **S** for Spouse . . . . ____ 30

If so, indicate the number of months for which you or your spouse was a full-time student . . . . . ______ 31

Indicate the monthly income of the spouse who was a full-time student. Enter **"NONE"** if there is no earned income in a month for which the taxpayer was a full-time student.

January	February	March	April	May	June	
						32
July	**August**	**September**	**October**	**November**	**December**	
						33

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

Credits - Residential Energy/Alternative Motor Vehicle

Residential Energy Credits

Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified solar electric property costs . . . . ______________ 1
- qualified solar water heating property costs . . . . ______________ 2
- qualified small wind property costs . . . . ______________ 3
- qualified geothermal heat pump property costs . . . . ______________ 4
- qualified fuel cells* (list expenditures for your main home only). . . . . ______________ 5
- kilowatt capacity of qualified fuel cell property above . . . . ______________ 6

Organizer | Credits | Residential Energy Credit

Alternative Motor Vehicle Credit - Includes the following 2 vehicle types that are new vehicles, and used predominantly in the U.S.

	Vehicle 1			Vehicle 2			
Vehicle Type	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service	
Qualified fuel cell							7
Qualified plug-in electric drive							8

Organizer | Credits | Alternative Motor Vehicle Credit

Continuation Sheet

Page Reference

a Employee's social security number: 845-42-8589	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file	Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN): 75-4321233	**1** Wages, tips, other compensation: 45,895	**2** Federal income tax withheld: 9,179
c Employer's name, address, and ZIP code Major Supplier 100 Main Street Minneapolis, MN 55417	**3** Social security wages: 45,895 **5** Medicare wages and tips: 45,895 **7** Social security tips	**4** Social security tax withheld: 2,845 **6** Medicare tax withheld: 665 **8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial / Last name / Suff. Frank B. Carson 5473 W. Second Avenue Minneapolis, MN 55417 **f** Employee's address and ZIP code	**11** Nonqualified plans **13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ **14** Other	**12a** See instructions for box 12 Code **12b** Code **12c** Code **12d** Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MN	54-6666666	45,895	2,295			

Form **W-2** **Wage and Tax Statement** 202X

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number: 869-94-5967	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file	Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN): 75-5553211	**1** Wages, tips, other compensation: 26,758	**2** Federal income tax withheld: 4,013
c Employer's name, address, and ZIP code Smith Barney 202 West Street Minneapolis, MN 55417	**3** Social security wages: 26,758 **5** Medicare wages and tips: 26,758 **7** Social security tips	**4** Social security tax withheld: 1,659 **6** Medicare tax withheld: 388 **8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial / Last name / Suff. Marilyn S. Carson 5473 W. Second Avenue Minneapolis, MN 55417 **f** Employee's address and ZIP code	**11** Nonqualified plans **13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ **14** Other	**12a** See instructions for box 12 Code **12b** Code **12c** Code **12d** Code

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
MN	54-4545454	26,758	803			

Form **W-2** **Wage and Tax Statement** 202X

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Wells Fargo Bank 122 Main Street Minneapolis, MN 55417	Payer's RTN (optional) **1** Interest income $ 493	OMB No. 1545-0112 **202X** Form **1099-INT**	**Interest Income**
	2 Early withdrawal penalty $		**Copy B** **For Recipient**
PAYER'S TIN: 36-7772222 RECIPIENT'S TIN: 845-52-8589	**3** Interest on U.S. Savings Bonds and Treas. obligations $		
RECIPIENT'S name Frank and Marilyn Carson	**4** Federal income tax withheld $	**5** Investment expenses $	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 5473 W. Second Avenue	**6** Foreign tax paid $	**7** Foreign country or U.S. possession	
City or town, state or province, country, and ZIP or foreign postal code Minneapolis, MN 55417	**8** Tax-exempt interest $	**9** Specified private activity bond interest $	
	10 Market discount $	**11** Bond premium $	
FATCA filing requirement ☐	**12** Bond premium on Treasury obligations $	**13** Bond premium on tax-exempt bond $	
Account number (see instructions) 12300321	**14** Tax-exempt and tax credit bond CUSIP no.	**15** State / **16** State identification no.	**17** State tax withheld $ $

Form **1099-INT** (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

American Savings
54 Lotus Road
Minneapolis, MN 55417

Payer's RTN (optional)

OMB No. 1545-0112

202X

Form 1099-INT

Interest Income

1 Interest income
$ 289

2 Early withdrawal penalty
$

Copy B

For Recipient

PAYER'S TIN
54-0981234

RECIPIENT'S TIN
845-52-8589

3 Interest on U.S. Savings Bonds and Treas. obligations
$

RECIPIENT'S name
Frank and Marilyn Carson

Street address (including apt. no.)
5473 W. Second Avenue

City or town, state or province, country, and ZIP or foreign postal code
Minneapolis, MN 55417

FATCA filing requirement ☐

Account number (see instructions)
98776789

4 Federal income tax withheld $	5 Investment expenses $
6 Foreign tax paid $	7 Foreign country or U.S. possession
8 Tax-exempt interest $	9 Specified private activity bond interest $
10 Market discount $	11 Bond premium $
12 Bond premium on Treasury obligations $	13 Bond premium on tax-exempt bond $

14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld
			$
			$

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-INT** (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. New Dimension Fund 444 W. 44th Street New York, NY 10004	**1a** Total ordinary dividends $ 118 **1b** Qualified dividends $	OMB No. 1545-0110 **202X** Form **1099-DIV**	**Dividends and Distributions**
	2a Total capital gain distr. $ 348	**2b** Unrecap. Sec. 1250 gain $	**Copy B** **For Recipient**
PAYER'S TIN: 77-2211221 / RECIPIENT'S TIN: 845-52-8589	**2c** Section 1202 gain $	**2d** Collectibles (28%) gain $	
RECIPIENT'S name Frank and Marilyn Carson	**3** Nondividend distributions $	**4** Federal income tax withheld $	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 5473 W. Second Avenue	**5** Section 199A dividends $	**6** Investment expenses $	
City or town, state or province, country, and ZIP or foreign postal code Minneapolis, MN 55417	**7** Foreign tax paid $	**8** Foreign country or U.S. possession	
	9 Cash liquidation distributions $	**10** Noncash liquidation distributions $	
FATCA filing requirement ☐	**11** Exempt-interest dividends $	**12** Specified private activity bond interest dividends $	
Account number (see instructions) 87543	**13** State / **14** State identification no.	**15** State tax withheld $ $	

Form **1099-DIV** (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service

2022 CONSOLIDATED FORM 1099

Hyte Fund
211 Lexington Drive
Minneapolis, MN 55417
612-555-5555

Frank & Marilyn Carson
5473 W. Second Avenue
Minneapolis, MN 55417
612-111-1111

PAYER'S FEDERAL ID NUMBER	RECIPIENT'S ID NUMBER
75-909090	845-52-8589

2022 FORM 1099-INT: INTEREST INCOME

(BOX)		*(AMOUNT)*
1.	INTEREST INCOME NOT INCLUDED IN BOX 3	0.00
2.	EARLY WITHDRAWAL ON PENALTY	0.00
3.	INTEREST ON US SAVINGS BONDS & TREASURY OBLIGATIONS	0.00
4.	**FEDERAL INCOME TAX WITHHELD**	**0.00**
5.	INVESTMENT EXPENSE	0.00
6.	FOREIGN TAX PAID	0.00
7.	FOREIGN COUNTRY OR U.S. POSSESSION	- - - - - - -

2022 FORM 1099-DIV: DIVIDENDS & DISTRIBUTIONS

(BOX)		*(AMOUNT)*
1a.	TOTAL ORDINARY DIVIDENDS	12.00
1b.	QUALIFIED DIVIDENDS	0.00
2a.	TOTAL CAPITAL GAIN DISTRIBUTIONS	276.00
2b.	UNRECAPTURED SECTION 1250 GAIN	0.00
2c.	SECTION 1202 GAIN	0.00
2d.	COLLECTIBLES (28%) GAIN	0.00
3.	NONDIVIDEND DISTRIBUTIONS	0.00
4.	**FEDERAL INCOME TAX WITHHELD**	**0.00**
5.	INVESTMENT EXPENSE	0.00
6.	FOREIGN TAX PAID	0.00
7.	FOREIGN COUNTY OR US. POSSESSION	NONE
8.	CASH LIQUIDATION	0.00
9.	NONCASH LIQUIDATION	0.00

2022 FORM 1099-B: PROCEEDS FROM BROKER & BARTER EXCH. TRANSACTIONS

DATE	*DESCRIPTION*	*SHARES*	*PROCEEDS STOCK, BONDS, ETC*	*FED TAX WITHHELD*
03/01	VARIOUS STOCK	100	345.00	0.00
9/15	HYTE FUND	200	1,586.00	0.00
	TOTAL		1,931.00	0.00

2022 CONSOLIDATED FORM 1099

Hyte Fund
211 Lexington Drive
Minneapolis, MN 55417
612-555-5555

Frank & Marilyn Carson
5473 W. Second Avenue
Minneapolis, MN 55417
612-111-1111

PAYER'S FEDERAL ID NUMBER
75-909090

RECIPIENT'S ID NUMBER
845-52-8589

LONG TERM CAPITAL GAINS/LOSSES

DATE ACQUIRED	*DATE SOLD*	*SHARES SOLD*	*DESCRIPTION*	*PROCEEDS*	*PURCHASE PRICE*
12/5/2017	3/1/2020	100	VARIOUS	345.00	427.00
4/17/2012	9/15/2020	200	HYTE FUND	1,586.00	1,493.00
			TOTAL	**1,931.00**	**1,920.00**

444 W. 44th Street
New York, NY 10004
555-555-5555

Frank & Marilyn Carson
5473 W. Second Avenue
Minneapolis, MN 55417
612-111-1111

PAYER'S FEDERAL ID NUMBER 77-221122

RECIPIENT'S ID NUMBER 845-52-8589

In 2022, you completed the following transaction with New Dimensions. This transaction is recorded with the IRS. Please notify us immediately if any discrepancies exist.

DATE ACQUIRED	DATE SOLD	SHARES SOLD	DESCRIPTION	PROCEEDS	PURCHASE PRICE
03/05/2015	08/01/2022	100	*NEW DIMENSIONS FUND*	1,204.00	896.00

SCHEDULE C

Activity Number	100
Owner	Spouse
Business Name	Craftiques, Inc
Address	5473 W. Second Avenue
	Minneapolis, MN 55417
Employer ID number	12-2382721
Principal Business code	453220
Inventory Valuation	Cost
Business Started	4/15/2022

Craftiques
Income Statement
For the Year Ended December 31, 2022

Revenue		
Gross Sales		$ 19,150.00
Less: Sales Returns and Allowances		0.00
Net Sales		$ 19,150.00
Cost of Goods sold		
Beginning Inventory	0.00	
Add: Purchases	$ 9,750.00	
Direct Labor	0.00	
Gross Available for Sale	$ 9,750.00	
Less: Ending Inventory	$ (2,975.00)	
Cost of Goods Sold		$ 6,775.00
Gross Profit (Loss)		$ 12,375.00
Expenses		
Advertising	$ 100.00	
Depreciation	$ 375.00	
Insurance	$ 550.00	
Legal and Professional Services	$ 400.00	
Total Expenses		$ 1,425.00
Net Income/loss		**$ 10,950.00**

The total of depreciation should not be entered, but should be calculated based on asset detail entered.

A+ Computers

INVOICE

The Best Computers for less

1525 Main St.
Minneapolis, MN 55417
Phone 999.999.9011 Fax 999.999.9012

SOLD TO:
Craftiques
758 Millway Dr.
Minneapolis, MN 55417

SHIP TO:
Pick-up

INVOICE # 002-004
INVOICE DATE: April 15, 2022

Date	Order #	Sale Rep	Ship Via	Terms	Customer ID
04/15/2022	01-654	John Doe	Pick-up	Net	5467

QUANTITY	ITEM	DESCRIPTION	UNIT PRICE	TOTAL
1	Laptop Computer	ACME 1000 XII	$2,500.00	$2,500.00
				$2,500.00
			TOTAL DUE	$2,500.00

Remittance $2,500 4/15/2022

Amount Due: - 0 -

Notes to Preparer:
Computer is used for Craftiques Business.
Mrs. Carson plans to keep the laptop computer for five years for business/personal purposes.
Depreciation method: 5 years MACRS

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Mortgage Lender's Trust
555 West Way
Minneapolis, MN 55417

***Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380

202X

Form **1098**

Mortgage Interest Statement

Copy B
For Payer/ Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

1 Mortgage interest received from payer(s)/borrower(s)*
$ 9,683

RECIPIENT'S/LENDER'S TIN

PAYER'S/BORROWER'S TIN

2 Outstanding mortgage principal
$

3 Mortgage origination date

4 Refund of overpaid interest
$

5 Mortgage insurance premiums
$

PAYER'S/BORROWER'S name

Frank and Marilyn Carson

6 Points paid on purchase of principal residence
$

Street address (including apt. no.)

5473 W. Second Avenue

7 ☐ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.

City or town, state or province, country, and ZIP or foreign postal code

Minneapolis, MN 55417

8 Address or description of property securing mortgage (see instructions)

Real Estate Taxes $1,164

9 Number of properties securing the mortgage

10 Other

11 Mortgage acquisition date

Account number (see instructions)

United Way

United Way Campaign Pledge Receipt

To: Frank and Marilyn Carson
5473 W. Second Ave.
Minneapolis, MN 55417

Cash received: $ 50.00 Date: 10/15/2022

Thank you for supporting the United Way.

Church of Faith
Benefit Receipt

To: Frank and Marilyn Carson
5473 W. Second Avenue
Minneapolis, MN 55417

Cash Received $ 600.00
Date of Contribution: 12/31/2022

Church of Faith
4355 Meadow Drive
Minneapolis, MN 55417

Lucinda Jones
Secretary - Treasurer

From the Desk of Frank B. Carson

Miscellaneous Cash Contributions for 2022

American Red Cross	$ 50.00
Boy Scouts	40.00
Local school drive	25.00
Girl Scouts	10.00