Trinity Global Financial Group, PLLC 267 John Knox Road Suite 212 Tallahassee, FL 32303 850-877-9461 Office 850-792-2785 Fax

## **2023 Personal Data**

Ericka: EWilliams@trinityglobalfinancial.com Jenna: Jenna@trinityglobalfinancial.com Jenna Cell: 479-372-0002

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Did you have a financial interest in or signature authority over a foreign financial account, including a bank account, brokerage account, mutual fund, trust, or other type of foreign financial account?  DUE DATES and ESTIMATED PAYMENTS: Federal returns are due on April 15th of each year. If you are living outside the United States ON APRIL 15TH, you have an automatic extension to file until June 15th without any action needed on your part. If you are unable to file by the applicable date you MUST apply for an extension. Please note that we only apply for an extension if you contact us or if we have received your tax questionnaire and are not able to complete the return by the due date. State returns are due on April 15th on a poply for an extension we will include the state extension if we know your state of residence. Please note that most states will only grant the extension if you have paid 90% of the state tax due on the return by the original due date of April 15th. Estimated payments are due on the 15th day of April, June, September and January the following year. Most states require that you make payments to cover your estimated tax liability. If you have not made the required payments by the due date and you owe when the return is filed, you may be subject to a penalty. If you need help calculating estimated payments contact us and we will provide payment vouchers upon request.  I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2023 income tax return is true, correct and complete. I/We also certify that I/We will analyze the prepared return to verify the correctness of information compiled by the preparer. I/We realize that the accuracy of the return is my/our responsibility. If this document is submitted by email or via your secure portal, the email/upload will serve as electronic signature.	Do you need information he	lpful in completing the FAFSA	applica	tion? We will send yo	ur FAFSA data	once your re	eturn has be	en efiled.
foreign financial account, including a bank account, brokerage account, mutual fund, trust, or other type of foreign financial account? appropriate for your situation by MARCH 31, 2024 to ensure timely filling DUE DATES and ESTIMATED PAYMENTS: Federal returns are due on April 15th of each year. If you are living outside the United States ON APRIL 15TH, you have an automatic extension to file until June 15th without any action needed on your part. If you are unable to file by the applicable date you MUST apply for an extension. Please note that we only apply for an extension if you contact us or if we have received your tax questionnaire and are not able to complete the return by the due date. State returns are due on April 15th and generally follow the federal extension dates however some states do not. When you ask us to apply for an extension we will include the state extension if we know your state of residence. Please note that most states will only grant the extension if you have paid 90% of the state tax due on the return by the original due date of April 15th. Estimated payments are due on the 15th day of April, June, September and January the following year. Most states require that you make payments to cover your estimated tax liability. If you have not made the required payments by the due date and you owe when the return is filed, you may be subject to a penalty. If you need help calculating estimated payments contact us and we will provide payment vouchers upon request.  I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2023 income tax return is true, correct and complete. I/We realize that the accuracy of the return is my/our responsibility. If this document is submitted by email or via your secure portal, the email/upload will serve as electronic signature.	Note that the for the 2023-20	24 school year FAFSA data is	from yo	our 2021 return so you	may already ha	ave this info	rmation in ye	our records.
APRIL 15TH, you have an automatic extension to file until June 15 <sup>th</sup> without any action needed on your part. If you are unable to file by the applicable date you MUST apply for an extension. Please note that we only apply for an extension if you contact us or if we have received your tax questionnaire and are not able to complete the return by the due date. State returns are due on April 15 <sup>th</sup> and generally follow the federal extension dates however some states do not. When you ask us to apply for an extension we will include the state extension if we know your state of residence. Please note that most states will only grant the extension if you have paid 90% of the state tax due on the return by the original due date of April 15 <sup>th</sup> . Estimated payments are due on the 15 <sup>th</sup> day of April, June, September and January the following year. Most states require that you make payments to cover your estimated tax liability. If you have not made the required payments by the due date and you owe when the return is filed, you may be subject to a penalty. If you need help calculating estimated payments contact us and we will provide payment vouchers upon request.  I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2023 income tax return is true, correct and complete. I/We also certify that I/We will analyze the prepared return to verify the correctness of information compiled by the preparer. I/We realize that the accuracy of the return is my/our responsibility. If this document is submitted by email or via your secure portal, the email/upload will serve as electronic signature.	foreign financial account, in	cluding a bank account, broke	rage	\$10,000 or more	you <u>MUST</u> co	mplete and i	return the la	ist four pages as
return by the original due date of April 15 <sup>th</sup> . Estimated payments are due on the 15 <sup>th</sup> day of April, June, September and January the following year. Most states require that you make payments to cover your estimated tax liability. If you have not made the required payments by the due date and you owe when the return is filed, you may be subject to a penalty. If you need help calculating estimated payments contact us and we will provide payment vouchers upon request.  I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2023 income tax return is true, correct and complete. I/We also certify that I/We will analyze the prepared return to verify the correctness of information compiled by the preparer. I/We realize that the accuracy of the return is my/our responsibility. If this document is submitted by email or via your secure portal, the email/upload will serve as electronic signature.	APRIL 15TH, you have an a applicable date you MUST your tax questionnaire and	nutomatic extension to file unti apply for an extension. Please are not able to complete the re	I June 1 note the turn by	5 <sup>th</sup> without any action nat we only apply for a the due date. State r	needed on you n extension if y eturns are due	ır part. İf you <mark>'ou contact u</mark> on April 15 <sup>th</sup>	u are unable is or if we ha and general	to file by the ave received lly follow the
following year. Most states require that you make payments to cover your estimated tax liability. If you have not made the required payments by the due date and you owe when the return is filed, you may be subject to a penalty. If you need help calculating estimated payments contact us and we will provide payment vouchers upon request.  I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2023 income tax return is true, correct and complete. I/We also certify that I/We will analyze the prepared return to verify the correctness of information compiled by the preparer. I/We realize that the accuracy of the return is my/our responsibility. If this document is submitted by email or via your secure portal, the email/upload will serve as electronic signature.								
I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2023 income tax return is true, correct and complete. I/We also certify that I/We will analyze the prepared return to verify the correctness of information compiled by the preparer. I/We realize that the accuracy of the return is my/our responsibility. If this document is submitted by email or via your secure portal, the <a href="mail/upload will serve as electronic signature">mail/upload will serve as electronic signature</a> .	following year. Most states payments by the due date a	s require that you make payme and you owe when the return is	nts to c s filed, y	over your estimated to ou may be subject to	ax <mark> liability. If y</mark>	ou have not	made the re	quired
	I/We do hereby declare that preparation of my/our 2023 verify the correctness of in	t, to the best of my knowledge income tax return is true, cor formation compiled by the pre	and be rect and parer. I	elief, the information following the line of the line	certify that I/We	e will analyze eturn is my/	the prepare	ed return to
		• • •					I	Date

Taxpayer Name:			SSN:
*** SEE NOTES AT BOT	TOM***	Depende	ents *** SEE NOTES AT BOTTOM***
First Name	Initial	Last Name	Suffix
SSN	Relationship		Number of months lived with you in 2023
Date of Birth	Does this depe	ndent have income over \$1,	000 □ Do you want TGFG to prepare a return for this income?*
Child care expenses incurred	and paid in 2023 **		
First Name	Initial	Last Name	Suffix
SSN	Relationship		Number of months lived with you in 2023
Date of Birth	Does this depe	ndent have income over \$1,	000 ☐ Do you want TGFG to prepare a return for this income?*
Child care expenses incurred	and paid in 2023 **		
First Name	Initial	Last Name	Suffix
SSN	Relationship		Number of months lived with you in 2023
Date of Birth	Does this depe	ndent have income over \$1,	000 ☐ Do you want TGFG to prepare a return for this income?*
Child care expenses incurred	and paid in 2023 **		
First Name	Initial	Last Name	Suffix
SSN	Relationship		Number of months lived with you in 2023
Date of Birth	Does this depe	ndent have income over \$1,	000 ☐ Do you want TGFG to prepare a return for this income?*
Child care expenses incurred	and paid in 2023 **		
First Name	Initial	Last Name	Suffix
SSN	Relationship		Number of months lived with you in 2023
Date of Birth	Does this depe	ndent have income over \$1,	000 ☐ Do you want TGFG to prepare a return for this income?*
Child care expenses incurred a	and paid in 2023 **		
If you choose to have TGF0 dependent does NOT claim			d a copy of their W-2 and/or 1099 documents. If NOT, be sure th
* Provide the name, addres	s and EIN or SSN for chi	ild care provider. Use las	t page for notes if needed.
NOTE: If you qualified for Ea include medical records, sc			mentation to prove the child's residence during 2023

Taxpayer Name:	SSN:

ESTIMATED TAX PAID	Amount Paid To IRS	Date Paid	Amount Paid To State	Date Paid	Amount Paid To Local	Date Paid
2023 overpayment applied to 2023 taxes						
1st Qtr 2023 payment (was due 4/15/2023)						
<b>2</b> <sup>nd</sup> <b>Qtr 2023 payment</b> (was due 6/15/2023)						
3rd Qtr 2023 payment (was due 9/15/2023)						
4th Qtr 2023 payment (was due 1/15/2024)						
Total						

The quarterly payments for HQ will appear on your April, June, September 2023 and January 2024 statements as a transaction in your class (05) shown as CK UNITED STATES TREASURY Be sure to forward your statements to us for verification. We will ALSO NEED YOUR DECEMBER 2023

### STATEMENT! PDF FORMAT IS PREFERRED

#### TAX DUE/REFUND PROCESSING INSTRUCTION

Banking information - Name of Bank: Checking Savings

Use for - Direct Deposit of Refund -

Direct Debit for Balance Due (FED and State) -

Routing Number I/We authorize TGFG Tax to set up direct deposit OR direct

**Account Number** debit as needed based on the Esigned tax return when

completed.

Send any refunds as checks in the mail.

I will make payment for any tax due myself.

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital NO asset (or a financial interest in a digital asset)? YES IF YES. WE MUST HAVE YOUR 8949 TRANSACTION DATA.



Protection Plus is the leading provider of audit assistance and identity theft restoration services in the tax industry. For a one-time fee of \$89.95 at the time of tax preparation, their experienced professionals will provide assistance with a multitude of IRS issues and provide identity restoration services in the event your identity is compromised. The audit assistance will provide coverage on your 2023 federal tax return for three years, and the identity theft restoration services for a full year. We are recommending that all of our clients add this valuable service to their tax preparation this year. Mark this box to authorize the inclusion of this valuable service with your return preparation.

003

Taxpayer Name:				SSN:	
Income PLEASE ENCLO	OSE AI	LL FORMS 1099 A <mark>ND 1</mark>	N-2 FOF	R ITEMS LISTE	ED ON THIS PAGE
EMPLOYER JOB TIT	LE	GROSS EA	RNINGS	GRO	SS EARNINGS Spouse
		lax	cpayer		<del>Opouse</del>
SOCIAL SECURITY BENEFITS					
Net benefits (1099SSA Box 5)		Taxpayer		;	Spouse
MEDICARE Premiums (1099SSA Box 3, Part B, C&D)					
Income tax withheld (1099SSA Box 6)					
IRA/MBA DISTRIBUTIONS		Was any portion	rolled ov	er? Yes □ No □	
PAYER'S NAME		TAXPAYER AMOUNT	i Tolled OV		ISE AMOUNT
INTEREST INCOME Interest earned on accounts	s held in	foreign banks must be reporte	ed		
	ER'S N				AMOUNT
DIVIDEND INCOME					
PAYER'S NAME		Ordinary Dividends	Quali	fied Dividends	Capital Gains Distribution
			<del>                                     </del>		
		<u> </u>	<u> </u>		<u> </u>

Taxpayer Name:						SSN:		
	DENCE					00N.		
RENTAL INCOME & EXI	PENSE							
Kind of P	raperty & Address			Dates avai for ren		Rentid at less than fair rental value?	Rented to a relative?	Did you participate in management of property?
Α						□Yes □No	Yes □No	☐Yes ☐No
В						□Yes □No	☐Yes ☐No	□Yes □No
С						□Yes □No	Yes □No	□Yes □No
D						□Yes □No	☐Yes ☐No	□Yes □No
E						□Yes □No	Yes □No	□Yes □No
F						□Yes □No	Yes □No	□Yes □No
	Property A	Property B	Р	roperty C	Dr	operty D	Property E	Property F
Total Rent Received	i Toperty A	i Toperty B	<del>-</del>	operty o		operty D	i Topetty E	1 Toperty F
Advertising								1
Auto & Travel O								1
Cleaning & Maintenance								
Insurance								
Legal & Professional Fees								
Management Fees								
Mortgage Interest to Banks (O)								
Other Interest								
Repairs Supplies								
Сиррисс								
Taxes Utilities								
Other: (please list detail)								
Original Cost:								
Date Acquired:								
OIL/GAS ROYALTY INCO	OME & EXPEN	ISE Please	att	ach all fo	rms	1099		
	Payer Name				Α	mount	Taxes Paid	Other Expenses
<b>ROYALTIES, PARTNERS</b>	HIPS, TRUST	S & ESTATES	•				<u>-</u>	
Royalties (Copyrights & Patents) Plo	ease attach all Forn	ns 1099						
Royalties (Authors, Artists, etc.) Ple							-	VE2 :: : : : :
Did you own an interest in one or Did you receive income from a tru					<u>K-1</u>			YES□ NO□
a you loome moone nom a tru	5. 5. 55tato III 2020		Jan 16					.202 1102

Taxpayer Name:			SSN:	
ROFESSIONAL EXPENSES Provide NAME escribe nature of business: O	<mark>}</mark>	XPENSES FOR WHICH	YOU HAVE BEEN OF	WILL BE REIMBUR
ITEMS NORMALLY 100% BUSINESS USE		ITEMS NEEDI	NG ALLOCATION	
DESCRIPTION AMOU		DESCRIPTION	_	AMOUNT BUS
Credential and Professional Dues:		fessional equipment	<u> </u>	
Supplies for business purposes:	Credit card fees	S:	<u> </u>	
Out of town travel (other than meals):	Internet & e-ma		ŷ	
Meals:	Cell phone cha	_	<u> </u>	
Periodicals & one-read books (no newspapers):	Computer softv	vare:	•	
Reference books for your library:				
Long distance calls for business purposes:				
101101101101				
Postage for business purposes:				
Gifts for business purposes:  Professional education:				
Professional education:				
s the date put into service. If you received a grant by the process of a loan with the cred nust still report the information for the vehicle in this form.	dit union, we will extract	-	statement (74) acc	umulation but <u>yo</u>
s the date put into service. If you received a grant by the process of a loan with the cred nust still report the information for the vehicle in this form.	dit union, we will extract	the data from your	statement (74) acc	umulation but <u>yo</u>
s the date put into service. If you received a grant by the process of a loan with the credust still report the information for the vehicle in this form.  e sure to convert KM to miles and list ALL expenses for the  Required Data	dit union, we will extract	t the data from your s	statement (74) acc	umulation but <u>yo</u> as TAXABLE inco
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Taxpayer Name:				S	SN:		
DO NOT COMPLETE TI CREDENTIALED A							
U.S. HOUSING EXPENSES (ACTUA	AL EXPENSE)	<u> </u>					
For Home You LIVED				For Home	You LIVE	ואו ח	
RENTED	<u> 114</u>				WNED	D III	
		Total	mortas	ge payments (prin		1	
Rent paid			tax and in		cipie, interest,		
<b>Utilities</b> [electricity, gas, water, trash pickup, local telephone service, internet and cable (no cellphones)]		Dow	payme	nt made in 2023			
Furnishings, appliances, bedding, utensils, etc.		Utilit telepho	<b>9S</b> [electrice, ne service,	city, gas, water, trash p internet and cable (no	ckup, local cell phones)]		
Repairs and maintenance (including tools and materials for DIY)		Furni	shings, ils, etc.	appliances, bed	ding,		
material STT)		Repa		maintenance (inclu	uding tools		
		and me	citais ioi L	711)		1	
Fair rental value of home you OWNED and live	d in				<u>(0)</u>	1	
Fair rental value of U.S. housing provided to yo					<u> </u>		
U.S. Housing allowance declared	· · · · · · · · · · · · · · · · · · ·				6		
					₹)		
FIELD HOUSING (SHELTER)		1 <sup>st</sup> Qu	arter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Qua	rter	4 <sup>th</sup> Quarter
*Do <b>NOT</b> add items here that were not included in	vour quarterly reports.	Budget		Budget Repor			Budget Report
Rent paid	<u>,</u>						
Utilities (electricity, gas, water, trash pickup)							
Repairs and maintenance							
Totals							
RESIDENCY INFORMATION (if you	were permanently based	l in the U.S	for all	of 2023, you may	skip this sec	tion.)	
If you are in the U.S., give date you will be leav phone # where you can be reached then.	ing for the field and						
If you are in the field, give date you will return	to the U.S. and						
phone where you can be reached then.							
Check box if you ever claimed to foreign author	•				NO□		
Check box if you are required to pay income ta	x in your foreign country	of reside	ice	YES NO			
Type of Visa		xpiration [	ate				
Indicate type of FIELD ☐ Purchased House housing ☐ Other (please description)	•	tment 🗆	uarters	furnished by En	nployer		
Last foreign address during 2023 REQUIRED	) IF YOU LIVED ABROAD	)!					
Address:	City:		Р	rovince:			
Country:	Foreign Pos	tal Code					
Check box if you maintained a home in the U.S			ox if re	ntal unit 🔲 📭 🗅	HECKED, COMPL	ETE INFO	ORMATION BELOW
Address of home		CHOOK I	OX 11 101				
Name of Occupants							
Relationship to you							
U.S. ARRIVAL AND DEPARTURE							
or 2023. Note that if spouse receives income for work	performed abroad, you shou	ud complete	a separa	ite travei/time table	. Use exact dat	es for 2	2022.
2023 EXACT DATES Check Box if overseas ALI	L of 2023		2	024 EXACT OR A	NTICIPATED	DATES	3
	IN FOREIGN COUNTRY	DEPART		EIGN COUNTRY			REIGN COUNTRY
					1		

NOTE THAT WE ARE ASKING FOR YOUR DATES FOR DEPARTURE FROM AND ARRIVAL IN THE FOREIGN COUNTRY IN ORDER TO MORE ACCURATELY CALCULATE YOUR TIME IN THE US SINCE INTERNATIONAL AIRSPACE IS DEEMED TO BE TIME IN THE US.

Taxpayer Name:	axpayer Name: SSN:									
PROFESSIONAL EQUIPMENT										
EQUIPMENT REQUIRING A LOG  For each item please enter the business use % and answer whether or not you have a representative one-month log to back it up.										
DESCRIPTION	DATE	COST	BUS. %	If less than 100%, Do you have a log?	HOW DISPOSED OF IF NOT IN USE IF SOLD PROVIDE DATE AND PRICE					

#### PROFESSIONAL EQUIPMENT

Please list ONLY equipment purchased with personal funds. Note, however, that the monthly funds you receive from HQ for computer equipment are considered personal funds and you should list these equipment purchases.

Most items of equipment used in your business are included in an IRS list with three broad categories.

- 1. Listed items requiring a written log to establish the business use % such as a personal vehicle used for business. COMPUTERS are NO LONGER listed property, so you do not need a log, only a conservative estimate.
- 2. Items whose business use may be documented by other methods. The second category includes cameras, camcorders, IPads, audio recorders and players, projectors, etc. You need only to be able to testify that you have documents such as phone bills, pictures, videos, tapes, CDs, etc. that would demonstrate the business use % you assign to the item.
- 3. Items not "listed" for which the business use % may be established by your conservative estimate. NOTE: If the item is 100% business use then no log is required.

Equipment purchases of \$250 or less are no longer depreciated. They will be expensed fully in the year purchased. This will reduce your record-keeping requirements. Please group all similar equipment purchases where the individual purchase price is below \$250 by category based on the business use percent. For example, if you purchased six different items where the business use percent was 75% and the total of all six items was \$350 (No single item over \$250) make one entry of \$350 with a business use of 75%.

Please review your asset list from your 2022 return (copy is included in your client copy tax return and is available in your portal), and list here any changes to last year's assets, including business use % or sale. Also, please list any assets purchased in 2023 along with the business use %. If any assets were sold, trashed, or otherwise disposed of, indicate the date and sale price if sold.

Taxpayer Name:	SSN:	
Reserved for future use.		AMOUNT
HIGHER EDUCATION EXPENSES  If you or one of your dependents paid for education at a college, university or trade school in 2023, your tax and even a refund above the tax. For each student, please send us a copy of Form 1098-T from materials (books and required supplies) may now be counted. For each student, on a separate sheet, 2023. Also for each student, please state if courses were for undergraduate or post-graduate education.	om the school. The cost on please give the amount p	of course
RESIDENTIAL ENERGY SAVING EXPENSES		
Did you install insulation or energy efficient doors or windows to your primary residence in the U.S. of	luring 2023? Yes	
Did you install solar electric, solar water heater or fuel cell equipment to your primary residence in the		
If you answered "YES" to either question, please attach a copy of the contract or invoice for its purch		
UNREIMBURSED MEDICAL EXPENSES O		AMOUNT
Doctor visits, labs, hospital, supplies (eyeglasses, hearing aids, etc.)		, 41100141
Prescriptions		
Miles driven in 2023 for medical purposes		
INSURANCE	TAXPAYER	SPOUSE
Premiums paid for medical insurance ( other than Medicare or long-term health care)	7754 731 E13	3. 0002
Premiums paid for long-term (usually nursing home) health care insurance		
Medicare Part B and Part D premiums		
TAXES		
Real estate property taxes, (even if included in housing on page 6) DO NOT INCLUDE RENTAL PROPI	ERTY TAXES	
Personal property taxes		
Sales tax on motor vehicles and certain other major purchases during 2023		
INTEREST EXPENSE O		
Home mortgage interest paid for primary residence, not rental property ( even if included on page 6 for h	nousing allowance)	
Home mortgage interest paid to an individual ( name address and social security number REQUIRED)	J	
Points on an original home loan (please attach Form 1098)		
Points on home mortgage refinance (please attach closing/settlement statement)		
Mortgage insurance premiums (not homeowners insurance) on mortgages taken out after 2006  Interest on funds borrowed for investment purposes (e.g. loans to purchase stocks, bonds, land, etc.)		
Interest paid on student loans  Taxpayer: Spouse:	Other Dependen	t·
	Other Dependen	
CHARITABLE CONTRIBUTIONS O		
Contributions by cash or check to U.S. based charitable organizations (please list each organization & a	mount)	
Miles driven in 2023 for charity		
Non-cash contributions to U.S. based charitable organizations. If over \$500, provide receipts for all n	on-cash donations. 🧖	
MICCELLANEOUS		
WIISCELLANEUUS		
MISCELLANEOUS		
WISCELLANEOUS		
WISCELLANEOUS		
MISCELLANEOUS		
Child and dependent care expenses so you and your spouse could be gainfully employed		
Child and dependent care expenses so you and your spouse could be gainfully employed Educator expenses	finalized	
Child and dependent care expenses so you and your spouse could be gainfully employed Educator expenses	was finalized:	

Taxpayer Name:							_			SSN:			
STATE INFO	RMATION Ple	ease <u>list below e</u>	each pla	ce where	you liv	ed in	the Uni	ted sta	tes dur			_	
Ad	Idress	City		Co	ounty		State		F			xact dates To (MM/DD/\	YY)
										·		•	
Please r	refer to the list of states	by each item b	elow. If	you live	d in one	or m	ore of t	he stat	es, plea	se ans	wer th	e questio	n.
USE TAX	Many States impoutside the State, on	ose a "Use" tax	x (sales	tax) on g	goods p	urch	ased wh	ile livi	ng in o	ne of	these S	States, fro	om sourc
Please >					•		<b>3</b>				,		, ,
read and >	Did you have any suc	ch purchases?	YES□	T	otal reta	ail val	lue of go	ods pi	ırchase	d: \$			
answer. >	What State did you liv	ve in when the	aoods w				•	-					
unswer.	· · · · · · · · · · · · · · · · · · ·	hese States gra					nte have	naid f	or toyth	ooks	tuition	and lah f	oos for th
	IL, IA, WIN	children in gr										anu iab i	ees for th
TUITION &	Child's Na		Grade		lame of			1			of Scho	ol	Amou
TEXTBOOKS			0.000			-		1		000			7
								1					
	CA, IN, MA, MI, MN	. <b>MT</b> (age 62 or	r over). N	J. NY. F	RI. WI								
	These States grant c					ount	of rent p	aid an	d/or yo	ur amo	unt of	income.	
	Landlords name and						•						
	Address where you r	ented:											
RENTERS	Number of months re			Monthly		L				Total F	Rent		
	Minnesota Only	Please send to				your	landlor	d for 20	23.				
	New York Only	Monthly rent i							Electri	city 🗆	Furn	ishings [	Board
	Wisconsin Only	Did you pay fo	or heatin	a while r	entina?	YES	S 🗆						
CALIFORNIA	Which State applies t			Maine □	······································			1	Taxr	ayer		St	pouse
and	How many days when	•			?			-	Tun	ayei		<u> </u>	pouse
MAINE	Prior to 2023, when w							-					
WAINE	Do you own property		COIGOIIC	0. 10 01	u.u.			1	YE	s□		Y	′ES□
		Town or	r			I						1	1
	Qualifying propert	v District t		Descrip			List o	r bill nı	ımber (	if avail	able)	Date	Amou
CONNECTICUT		which ta was paid		prop	erty						,	paid	paid
	Primary residence												
	Automobile												
			-			-							
CADITAL GAI	INS & LOSSES (S	ala of ataaka ba	nde lene	d oto )									
	`	*			Α.	!	a al		Cald		_		
_	PROPERTY SOLD (Num		ares, etc.	.)		cquir		DADA.	Sold	VV	_	lling	Cost
	LEASE ENCLOSE ALL	-URIVIS 1099B			MM	DD	YY	MM	DD	YY	F	rice	
							+						
INSTALLMEN	IT SALES	IF SALI	E WAS I	N 2023, F				OF CL		STAT	EMEN.	T OR CON	NTRACT
	Description of prop	erty sold				equir			Sold			unt recei	ved in 20
					MM	DD	YY	MM	DD	YY	Prir	nciple	Interes
SALE OF PER	RSONAL RESIDE	NCE											
Date residence sol	id:				Date r	eside	ence wa	s acqui	red:				
Original cost of res	sidence (please attach p	urchase closing	statemer	nts if poss	sible)							0	
	ents to residence (e.g. a											V	
	se attach copy of closing												
Selling Price (pleas	did you live in the hou		years p	revious t	o the da	ate of	sale?						
	er used as a rental prop	erty?											YES□
How many months				0	0						Tax	payer	Spous
How many months Was the house eve	<u> </u>			<b>\</b> 7									YES
How many months Was the house eve IRA'S		DIDA if itiii -	201/0 1/0:	L toy	<b>8</b> ]								1 = 5
How many months Was the house eve IRA'S Do you want to co	ntribute to an IRA or SE				ų n defer-	ale e	uch as 4	02h M	DA\		16	S□	
How many months Was the house eve IRA'S Do you want to co Amount deposited	ntribute to an IRA or SE I in a traditional IRA for	2023 (not elect			n deferr	als s	uch as 4	03b, M	BA)		16	:5⊔	. = 0
How many months Was the house even IRA'S Do you want to co Amount deposited Amount deposited	ntribute to an IRA or SE	2023 (not elect 3	ive com	pensatio	ย n deferr	als s	uch as 4	03b, M	BA)		16	:5□	. = 0

Taxpayer Name: SSN:
Click the portal image to the right to access the SECURE portal so that you can upload the completed questionnaire and your tax documents. Email us with questions about accessing if you haven't already set up your password.  (NOTE: Be sure to SAVE the questionnaire before uploading.)
Begin typing below to provide any additional information that you feel is relevant to your 2023 return.
011

axpayer Name: SSN:							
PLEAS	FOREIGN BANK ACCOUNTS SE COMPLETE A SEPARATE FORM FOR SPOUSE IF NECESSAR	RY.					
At any time in 2023, did the combi do not complete the section below a separate sheet.	ined balances of all <u>foreign accounts</u> on which you could sign <u>exceed \$10,000</u> ? w. If "YES," you must give the following for EACH account. If more space is ne	YES□ NO□ If "NO," eded, please enclose on					
Part I Informatio	n on Financial Account(s) Owned Separ	ately					
Maximum value of account	Maximum account value unknown □						
Type of account							
Financial Institution name							
Account # or other designation							
Address							
City	State						
Foreign postal code	Country						
Maximum value of account	Maximum account value unknown □						
Type of account							
Financial Institution name							
Account # or other designation							
Address							
City	State						
Foreign postal code	Country						
Maximum value of account	Maximum account value unknown □						
Type of account	Maximum account value unknown						
Financial Institution name							
Account # or other designation							
Address							
City	State						
Foreign postal code	Country						
Maximum value of account	Maximum account value unknown						
Type of account							
Financial Institution name							
Account # or other designation							
Address							
City	State						
Foreign postal code	Country						
Maximum value of account	Maximum account value unknown □						
Type of account	•						
Financial Institution name							
Account # or other designation							
Address							
City	State						
oreign postal code	Country						
Maximum value of account	Maximum account value unknown □						
ype of account	<u> </u>						
inancial Institution name							
Account # or other designation							
Address							
City	State						
Foreign postal code	Country						
Maximum value of account	Maximum account value unknown □						
Type of account							
inancial Institution name							
Account # or other designation							

State

Country

Address City

Foreign postal code

		SSN:						
Part II Information on Financial Account(s) Owned Jointly								
		ID ANOTHER PERSON/ENTITY'S FOREIGN ACCOUNTS)	- <b>y</b>					
Maximum value of account		Maximum account value unknown □						
Type of account								
Financial Institution name								
Account # or other designation								
Address City		State						
Foreign postal code		Country						
Number of joint owners								
Principal Joint Owner Information								
Taxpayer Identification Number (	ΓΙΝ)	TIN type (SSN, Foreign, etc.)						
Last name or Organization name First name	$-\!\!+\!\!$							
Middle name	<del></del>	Suffix						
Address								
City		State						
Zip/Postal code		Country						
Maximum value of account		Maximum account value unknown □						
Type of account								
Financial Institution name								
Account # or other designation Address								
City		State						
Foreign postal code		Country						
Number of joint owners								
Principal Joint Owner Info								
Taxpayer Identification Number ( Last name or Organization name	IIN)	TIN type (SSN, Foreign, etc.)						
First name	<del></del>							
Middle name		Suffix						
Address								
City		State						
Zip/Postal code		Country						
Maximum value of account		Maximum account value unknown □						
Type of account	ļ							
Financial Institution name								
Financial Institution name Account # or other designation Address City		State						
Financial Institution name Account # or other designation Address City Foreign postal code		State Country						
Financial Institution name Account # or other designation Address City Foreign postal code Number of joint owners	mation	Country						
Financial Institution name Account # or other designation Address City Foreign postal code Number of joint owners Principal Joint Owner Info		Country						
Financial Institution name Account # or other designation Address City Foreign postal code Number of joint owners Principal Joint Owner Info Taxpayer Identification Number (		Country						
Financial Institution name Account # or other designation Address City Foreign postal code Number of joint owners Principal Joint Owner Info Taxpayer Identification Number ( Last name or Organization name		Country						
Financial Institution name Account # or other designation Address City Foreign postal code Number of joint owners Principal Joint Owner Information Taxpayer Identification Number ( Last name or Organization name First name Middle name		Country						
Financial Institution name Account # or other designation Address City		TIN type (SSN, Foreign, etc.)						

Taxpayer Name:	SSN:
	on on Financial Account(s) Where Filer has Signature by but NO Financial Interest in the Account(s)
Maximum value of account	Maximum account value unknown □
Type of account	
Financial Institution name	
Account # or other designation	
Address	<del>-</del>
City	State
Foreign postal code Owner Information	Country
_ast name or Organization name	
Last name or Organization name  Taxpayer Identification Number (1	TIN type (SSN, Foreign, etc.)
First name	The type (Soil, Foreign, etc.)
Middle name	Suffix
Address	
City	State/Territory/Province
Zip/Postal code	Country Filer's title with this owner
Maximum value of account	Maximum account value unknown □
Type of account	
inancial Institution name	
Account # or other designation	
Address	
City	State
oreign postal code	Country
Owner Information	
ast name or Organization name	
Гахрауег Identification Number (Т	TIN type (SSN, Foreign, etc.)
First name	
Middle name	Suffix
Address City	State/Territory/Province
Zip/Postal code	Country Filer's title with this owner
<u>,                                      </u>	
Maximum value of account	Maximum account value unknown
Type of account	
Financial Institution name Account # or other designation	
Account # or other designation Address	
City	State
Foreign postal code	Country
Owner Information	
ast name or Organization name	
Taxpayer Identification Number (1	TIN) TIN type (SSN, Foreign, etc.)
First name	
Middle name	Suffix
Address	
City	State/Territory/Province
Zip/Postal code	Country Filer's title with this owner

#### Form **114a**

Department of the Treasury Financial Crimes Enforcement Network (FinCEN)

October 2013

Part I

# Record of Authorization to Electronically File FBARs

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)



Owner last name or entity's legal name				Owner first name				3. Owner M. I.	
Spouse last name (if jointly filing FBAR - see instruction:			s below)	5. Spouse first name				6. Spouse M. I.	
filing year en and complete Report of For listed in Part	ding De; that I reign B II to re	we have provided information concerning ecember 31,	isted in Part I II to complete sed on the in inquiries and	I; the e and form d res	d submit to the Financial Cri nation that I/we have provide solve issues relating to this	best of my/our imes Enforcen ed; and that I/ submission. I	knowle nent Net we auth we ack	edge true, correct, twork (FinCEN) a norize the preparer nowledge that,	
7. Owner si	gnature	e (Authorized representative if entity)	8 Date	9 Owner or entity TIN			10 TIN a □ EIN		
			/ / MM DD YYYY				t	ype b □ SSN/ITIN c □ Foreign	
11. Spouse signature		12 Date	•	13 Spouse TIN		14 TIN a 🗆 EIN			
		/ / MM DD YYYY		type b ☐ SSN/ITIN c ☐ Foreign					
Part II	Indiv	vidual or Entity Authorized to I	File FBAR	on	behalf of Persons wh	no have an	obliga	ation to file.	
15. Preparer last name		16. Preparer first name		17. Preparer M.I. 18. Preparer PTIN		18. Preparer PTIN			
19 Address		20 City		21 State	22 ZIP/postal code				
23 Country code			Intity) name	ne 25. Employer EIN 26. Preparer		's signature			
Instructions for completing the FBAR Signature Authorization Record  This is a fill and print form using Adobe Reader  This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registra-									
tion).		e the account owner statement in Part I		L-I II	е зумент. (Эее пар <i>лиза</i> ен	mig.imcen.tre	as.gov/i	nam.num for registra-	
		d party to file the Foreign Bank and Finar gn and date the document in Part I, Item				ner should co	mplete l	Part I, items 1 through	
Accounts J	ointly C	Owned by Spouses (see exceptions in	the FBAR in	struc	ctions)				

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FINCEN UNLESS REQUESTED TO DO SO.