

**F  
R  
O  
M**

## **2022 TAX ORGANIZER**

**T  
O**

**This tax organizer has been prepared for your use in gathering the information needed for your 2022 tax return.**

**To save you time, selected information from your 2021 tax return has been entered in this organizer. Please line through any information that does not apply to your 2022 tax return.**

**In some cases, 2021 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

## **SCHLENNER WENNER & CO. CPAs, PA**

### **PRIVACY POLICY**

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

#### **TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT**

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

#### **PARTIES TO WHOM WE DISCLOSE INFORMATION**

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

#### **PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION**

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

\*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

<Preparer's Phone>

# SCHLENNER WENNER & CO. CPAs, PA

## 2022 ARRANGEMENT LETTER

Dear Client,

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

### Scope of Engagement

We will prepare your 2022 Federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will not file any Federal, state, and/or local tax extensions without your specific request and permission. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

### Record Retention

It is our policy to keep records related to this engagement for seven years. Schlenner Wenner & Co. does not keep any original client records, so we will return those to you at the completion of the services rendered under this agreement. It is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. By signing below, you acknowledge and agree that upon the expiration of the seven year period, Schlenner Wenner & Co. shall be free to destroy our records related to this engagement.

### Limitation on Scope of Engagement

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible. It is our policy to put all tax advice in writing, and any unwritten advice cannot be relied upon because it may be tentative, incomplete, or not fully reviewed.

### Penalties

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

### 1099 Reporting Requirements

You should also know that IRS forms include questions on whether the business has complied with Form 1099 reporting requirements. In preparing your return, we rely on your representations that you understand and have complied with these requirements. Contact us regarding 1099 preparation assistance.

### Financial Terms

This arrangement letter pertains only to the preparation of your 2022 personal tax returns. It does not include additional services such as tax planning, tax audits and consultation. Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

### Other

If the foregoing fairly sets forth your understanding, please sign below. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting below.

We want to express our appreciation for this opportunity to work with you.

Accepted by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

ID: <Client\_ID>



2022

**Questions (Page 1 of 5)****2**

The following questions pertain to the 2022 tax year. For any question answered Yes, include supporting detail or documents.

**Personal Information:**

	Yes	No
Did your marital status change? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are you married? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Dependents:**

Were there any changes in dependents from the prior year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,150? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,150? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Healthcare:**

Did you obtain healthcare coverage through the Marketplace? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



Healthcare (continued):

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? _____	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered? _____	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q. If Yes, were the amounts withdrawn used for qualified tuition expenses?	<input type="checkbox"/>	<input type="checkbox"/>

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. _____ Gallons _____ Type	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>



2022

**Questions (Page 3 of 5)****2C****Investments:**

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement or Severance:**

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make a qualified charitable distribution directly from an IRA? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the date received (Mo/Da/Yr). _____		

**Personal Residence:**

Did your address change? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$750,000? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Did you or your spouse take out a home equity loan? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1098-MA.		



2022

**Questions (Page 4 of 5)****2D****Sale of Your Home:**

	Yes	No
Did you sell your home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$16,000 to any individual? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous:**

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,400 during the year for domestic services performed in or around your home to individuals who could be considered household employees? . . . . .	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse receive unreported tip income of \$20 or more in any month? . . . . .	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? . . . . .	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse engage in any bartering transactions? . . . . .	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? . . . . .	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? . . . . .	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
In 2022, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)? . . . . .	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
In 2022, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness? . . . . .	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) _____					
If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount _____					
In 2022, did you or your spouse have any student loan(s) discharged under the Biden-Harris Administration's student loan debt relief plan? . . . . .	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, how much debt was discharged under this program? _____					

**Additional state pages have been included at the back of the organizer and should be reviewed.**





2022

## Personal Information

3

**Taxpayer:**

First Name and Initial _____		Last Name _____		Social Security Number _____
Occupation _____		Date of Birth (Mo/Da/Yr) _____	Date of Death (Mo/Da/Yr) _____	
Driver's License or State-Issued ID Number _____		Expiration Date (Mo/Da/Yr) _____	Issue Date (Mo/Da/Yr) _____	State _____
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification		

**Spouse:**

First Name and Initial _____		Last Name _____		Social Security Number _____
Occupation _____		Date of Birth (Mo/Da/Yr) _____	Date of Death (Mo/Da/Yr) _____	
Driver's License or State-Issued ID Number _____		Expiration Date (Mo/Da/Yr) _____	Issue Date (Mo/Da/Yr) _____	State _____
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification		

**Contact Information:**

Street Address _____		Apartment Number _____
City _____	State _____	ZIP or Postal Code _____
Foreign Province or County _____		
Foreign Country _____		
Taxpayer Daytime/Work Phone _____	Taxpayer Evening/Home Phone _____	Taxpayer Foreign Phone _____
Taxpayer Cell Phone _____	Taxpayer Fax Number _____	
Spouse Daytime/Work Phone _____	Spouse Evening/Home Phone _____	Spouse Foreign Phone _____
Spouse Cell Phone _____	Spouse Fax Number _____	
Taxpayer Email Address _____		
Spouse Email Address _____		
Preferred Method of Contact _____		

May the IRS or other taxing authority discuss the return with the preparer? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No		
		<b>Taxpayer</b>	<b>Spouse</b>
Yes	No	Yes	No

Are you considered legally blind per IRS regulations? .....

Do you want to contribute to the Presidential Election Campaign Fund? .....

Are you a U.S. citizen or Green Card holder? .....

**Personal Identification Numbers:** Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN

**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

200131 04-01-22

Forms 1, 1A and 2



2022

## Dependents

3A

### Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,400?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---



## Wages

[illegible]



2022

**Direct Deposit and Withdrawal****4A****Direct Deposit and Electronic Funds Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2021, your account information is already included below.

	Yes	No
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings  
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

---

	Yes	No
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings  
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐



## Interest Income

[illegible]



## Dividend Income

[illegible]



## **Brokerage Statements**

[illegible]



2022

## Foreign Assets

5C

**Note:** If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

### General Information:

TSJ \_\_\_\_\_  
Title of filer \_\_\_\_\_  
Enter all countries where you have foreign bank accounts \_\_\_\_\_

### Foreign Identification:

	Yes	No
Passport		
Foreign TIN		
If not passport or TIN, enter description		
Number		
Country of issue		

### Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number	
A					
B					

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest 1B - No financial interest - US person, officer or employee, residing outside US 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							





2022

**Foreign Assets****5D****Asset Information:**

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

**If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity**

<div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 - Partnership   2 - Corporation   3 - Trust   4 - Estate           </div>		
<b>Name of Foreign Entity</b>	<b>Type of Foreign Entity</b>	<b>Mailing Address of Foreign Entity</b>

<b>City or Town of Foreign Entity</b>	<b>Province, County or State of Foreign Entity</b>	<b>Country of Foreign Entity</b>	<b>Postal Code of Foreign Entity</b>	<b>GIIN</b>

**If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity**

<div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 - Issuer   2 - Counterparty           </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 - U.S. person 2 - Foreign person           </div>	
<b>Name of Issuer</b>	<b>Issuer Code</b>	<b>Type of Issuer</b>	<b>Residence of Issuer</b>

<div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 - Individual   2 - Partnership   3 - Corporation   4 - Trust   5 - Estate           </div>				
<b>Mailing Address of Issuer</b>	<b>City or Town of Issuer</b>			

<b>Province, County or State of Issuer</b>	<b>Country of Issuer</b>	<b>Postal Code of Issuer</b>

Foreign assets were acquired or sold during the tax year .....

Yes	No

**Foreign Bank Accounts and Trusts:**

At any time during 2022, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? .....

--	--

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2022, whether or not you had any beneficial interest in it? .....

--	--



2022

# Sales of Stocks, Securities, Capital Assets & Installment Sales

7

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

Mutual fund transactions . . . . .

Exchange of any securities or investments for something other than cash . . . . .

Sales of inherited property . . . . .

Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale . . . . .

Commodity sales, short sales or straddles . . . . .

Reinvestment of the proceeds of gains in a qualified opportunity fund . . . . .

Sale of any investments in qualified opportunity funds . . . . .

Debts that became uncollectible . . . . .

Securities that became worthless . . . . .

Sale of any property where you will receive payments in future years . . . . .

Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

**Installment Sales:** **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2022 Principal Received	2021 Principal Received



## 9

TS

Yes	No

[illegible]



2022

**Pension, Annuity and Retirement Plan Information****9A****Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2022 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2021 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Spouse	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2022 Amount

2022 Amount



2022

# Partnership, S Corporation, Estate, Trust and REMIC Income

11

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



2022

### **Miscellaneous Income and Adjustments**

[illegible]



2022

## Itemized Deductions - Medical and Taxes

14

### Medical and Dental Expenses:

Prescription medicines and drugs . . . . .  
 Total medical insurance premiums paid \* . . . . .  
 Long-term care expenses . . . . .  
 Total insurance reimbursement . . . . .  
 Number of miles traveled for medical care before July 1, 2022 . . . . .  
 Personal protective equipment . . . . .  
 Lodging . . . . .  
 Doctors, dentists, etc. . . . .  
 Hospitals . . . . .  
 Lab fees . . . . .  
 Eyeglasses and contacts . . . . .  
 Number of miles traveled for medical care after June 30, 2022 . . . . .

TSJ	2022 Amount	2021 Amount

Taxpayer long-term care insurance premiums paid . . . . .  
 Spouse long-term care insurance premiums paid . . . . .

2022 Amount	2021 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2022 Amount	2021 Amount

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) . . . . .  
 General sales taxes paid on specified items . . . . .

TSJ	2022 Amount	2021 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2022 Amount	2021 Amount

### Other Taxes Paid:

TSJ	Description	2022 Amount	2021 Amount

If you purchased or sold your home in 2022, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2022

**Itemized Deductions - Mortgage Interest and Points****14A****Mortgage Questions for 2022:**

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you refinance your home? (If Yes, enclose the closing statement.) . . .

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, how many years is your new mortgage loan? . . .

Did you purchase a new home or sell your former home during the year? . . .

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enclose the closing statements from the purchase and sale of your new and former homes.

If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US

during the 3 year period prior to the purchase of this home? . . .

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence

in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . .

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did You Receive Form 1098?		2022 Amount	2021 Amount
		Yes	No		

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2022 Amount	2021 Amount
	Name	Address			

**Deductible Points:**

TSJ	Paid To	Did You Receive Form 1098?		2022 Amount	2021 Amount
		Yes	No		

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2022 Amount	2021 Amount

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2022 Amount	2021 Amount





Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2022 Amount	2021 Amount

TSJ	Conservation Real Property	2022 Amount	2021 Amount
	100% limit		
	50% limit		

TSJ	Description	2022 Miles	2021 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2022 Amount	2021 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A			
B			
C			

1 - Appraisal  
2 - Catalog

3 - Comparable Sale  
4 - Other (Describe)

5 - Thrift Shop Value

1 - Gift  
2 - Inheritance

3 - Exchange  
4 - Purchase

Donee Organization Name	Donee Organization Address
A	
B	
C	



\* These expenses are not deductible on the federal return but may be deductible on some state returns.

## Miscellaneous Itemized Deductions:

Union and professional dues \*  
 Tax preparation fee \*  
 Professional subscriptions \*  
 Hobby expense (To extent of income) \*  
 Safe deposit box \*  
 Uniforms and protective clothing \*  
 Work tools \*  
 Gambling losses  
 Estate taxes

TSJ	2022 Amount	2021 Amount

## Other Itemized Deductions:

### Examples:

- Certain legal and accounting fees \*
- Employment agency fees \*
- Impairment-related work expense of a disabled person
- Investment expenses \*
- Certain educational expenses \*
- Repayment of amounts under a claim of right
- Custodial fees \*
- Amortizable bond premium

TSJ	Description	2022 Amount	2021 Amount

## Casualty or Theft Loss:

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use
 ☐ Business use
 ☐ Income producing
 ☐ Employee Use
 ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? ☐ Yes ☐ No

Date acquired (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



2022

# Child/Dependent Care Expenses & Education Expenses

18

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled? .....

☐

Yes

☐

No

Did you pay an individual for services performed in your home? .....

☐

Yes

☐

No

Expenses incurred in 2021 but paid in 2022 .....

Employer-provided dependent care benefits that were forfeited in 2022 .....

2021 carryover used in grace period .....


## Child/Dependent Care Providers:

### Provider 1:

Name .....

Street address .....

City, state, ZIP or postal code, and country, .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

2022 Amount

2021 Amount

Expenses incurred and paid in 2022 .....

Expenses incurred and not paid in 2022 .....

2022 Amount	2021 Amount

### Provider 2:

Name .....

Street address .....

City, state, ZIP or postal code, and country, .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

2022 Amount

2021 Amount

Expenses incurred and paid in 2022 .....

Expenses incurred and not paid in 2022 .....

2022 Amount	2021 Amount

## Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2022 Expenses Incurred	2021 Expenses Incurred

## Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2022 Qualified Expenses



2022

## Federal Tax Payments

20

### Refund Application:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded ☐ Yes ☐ No  
Applied to your 2023 estimated tax liability ☐ Yes ☐ No

### Federal Estimated Tax Payments:

2022 1st Quarter Estimate ..... (Due 04-18-2022)  
2022 2nd Quarter Estimate ..... (Due 06-15-2022)  
2022 3rd Quarter Estimate ..... (Due 09-15-2022)  
2022 4th Quarter Estimate ..... (Due 01-17-2023)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2021 overpayment applied to 2022 estimate .....

### Tax Planning Information for Tax Year 2023:

Do you expect any of the following to occur in 2023?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2022

**State and City Tax Payments****20A****State and City Estimated Tax Payments:**

2022 1st Quarter Estimate .....

2022 2nd Quarter Estimate .....

2022 3rd Quarter Estimate .....

2022 4th Quarter Estimate .....

If you have an overpayment of 2022 taxes, do you

want the excess applied to your 2023 estimated tax liability? .....

☐ Yes ☐ No

2021 overpayment applied to 2022 estimate .....

Balance of prior year(s)' tax paid in 2022 plus

amount paid with 2021 extensions .....

Estimated tax payments for 2021 paid in 2022 .....

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

**State and City Estimated Tax Payments:**

2022 1st Quarter Estimate .....

2022 2nd Quarter Estimate .....

2022 3rd Quarter Estimate .....

2022 4th Quarter Estimate .....

If you have an overpayment of 2022 taxes, do you

want the excess applied to your 2023 estimated tax liability? .....

☐ Yes ☐ No

2021 overpayment applied to 2022 estimate .....

Balance of prior year(s)' tax paid in 2022 plus

amount paid with 2021 extensions .....

Estimated tax payments for 2021 paid in 2022 .....

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

**State and City Estimated Tax Payments:**

2022 1st Quarter Estimate .....

2022 2nd Quarter Estimate .....

2022 3rd Quarter Estimate .....

2022 4th Quarter Estimate .....

If you have an overpayment of 2022 taxes, do you

want the excess applied to your 2023 estimated tax liability? .....

☐ Yes ☐ No

2021 overpayment applied to 2022 estimate .....

Balance of prior year(s)' tax paid in 2022 plus

amount paid with 2021 extensions .....

Estimated tax payments for 2021 paid in 2022 .....

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid



2022

## Minnesota Information (Page 1 of 3)

## Residency Information:

From  
(Mo/Da/Yr)To  
(Mo/Da/Yr)

If you did not live in Minnesota for all of 2022, enter the dates you did live in Minnesota . . . . .

Enter the state names other than Minnesota where you had income . . . . .

## Education Savings:

Yes

No

Did you or your spouse make any contributions to a qualified education savings account? . . . . .

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed

## Voluntary Contributions:

Enter the amount you wish to contribute on your 2022 tax return to the Nongame Wildlife Fund . . . . .

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer: ☐ Republican ☐ Democratic/Farmer-Labor ☐ Independence ☐ Grassroots - Legalize Cannabis  
☐ Libertarian ☐ Legal Marijuana Now ☐ General Campaign Fund

Spouse: ☐ Republican ☐ Democratic/Farmer-Labor ☐ Independence ☐ Grassroots - Legalize Cannabis  
☐ Libertarian ☐ Legal Marijuana Now ☐ General Campaign Fund

## Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name . . . . .		
Dependent's grade . . . . .		
Qualified expenses . . . . .		
Type of school (public, private, home) . . . . .		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument) . . . . .		
Type of Instruction (Class or Individual) . . . . .		
Instructor or organization or Transportation provider . . . . .		
Type of class . . . . .		
Type of musical instrument . . . . .		



2022

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? ☐ Yes ☐ No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		

Property Tax Refund Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2023

County of residence \_\_\_\_\_

Were you or your spouse disabled on or before December 31, 2022? .....  
Are you living in a nursing home or other health care facility? .....  
Did you own AND occupy your homestead on BOTH January 2, 2022 and January 2, 2023? .....  
Are you a mobile home owner who paid rent for property on which it was located? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Enter the percent of your home that is NOT used for business or rented to others ..... %

Enter the amount of property tax refund received .....

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? ☐ Yes ☐ No

If Yes, what was the original cost of the passes? .....

What amount was charged to employees for the passes? .....

What is your Minnesota ID number? ..... \_\_\_\_\_

Student Loan Credit

	Taxpayer	Spouse
Enter the total amount paid toward your or your spouse's qualified student loans during the year .....	<input type="text"/>	<input type="text"/>
Enter the amount of interest paid on your or your spouse's qualified student loans during the year .....	<input type="text"/>	<input type="text"/>
Enter the original balance of your or your spouse's qualified student loans .....	<input type="text"/>	<input type="text"/>