

# ***KENNEY & MacDONALD, INC.***

## **ACCOUNTING & TAXES**

**18 EAST CHESTNUT STREET**

**SHARON, MASSACHUSETTS 02067**

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# **2023**

## **TAX QUESTIONNAIRE**

### **DIRECTIONS TO OFFICE**

**FROM BOSTON & POINTS NORTH:** Route 128 To Route 95 South To Exit 21, Coney Street. At Top Of Ramp, Go Left And Follow This Road For Approximately 3 Miles Into Sharon Center. At The Traffic Light, Take A Right. Proceed To The Next Light And Take A Left On To East Chestnut Street. We Are The Second Building On Your Left.

**FROM RHODE ISLAND AND POINTS SOUTH:** Route 95 North To Exit 17, Sharon--Foxboro. At End Of Ramp Go Right Onto S. Main Street And Follow For 3 Miles. At Set Of Lights At Fire Station, Take A Right On To East Chestnut Street. We Are The Second Building On Your Left. **18 EAST CHESTNUT STREET**

# 2023 TAX QUESTIONNAIRE

## PERSONAL DATA:

YOUR NAME: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY OR TOWN: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
YOUR OCCUPATION: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_  
YOUR SSN: \_\_\_\_\_ SPOUSE'S SSN: \_\_\_\_\_  
YOUR AGE & D.O.B. AGE \_\_\_ D.O.B. \_\_\_\_\_ SPOUSE'S AGE & D.O.B. AGE \_\_\_ D.O.B. \_\_\_\_\_  
HOME TELEPHONE # \_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

## DEPENDENT DATA:

1. FULL NAME _____ DATE OF BIRTH _____ SOC. SEC. NO. _____ RELATIONSHIP _____ MONTHS LIVED WITH YOU IN '23 _____	2. FULL NAME _____ DATE OF BIRTH _____ SOC. SEC. NO. _____ RELATIONSHIP _____ MONTHS LIVED WITH YOU IN '23 _____
3. FULL NAME _____ DATE OF BIRTH _____ SOC. SEC. NO. _____ RELATIONSHIP _____ MONTHS LIVED WITH YOU IN '23 _____	4. FULL NAME _____ DATE OF BIRTH _____ SOC. SEC. NO. _____ RELATIONSHIP _____ MONTHS LIVED WITH YOU IN '23 _____

**IMPORTANT NOTE:** In Accordance With Our Due Diligence Requirements We May Need To Obtain Copies Of Social Security Numbers Of All Taxpayers Listed On Each Tax Return. This May Be An Inconvenience But It Assures IRS That The Tax Preparer Has Verified The Taxpayers' Identities. We May Also Request Additional Documentation For Substantiation Purposes. For Individuals Filing As "Head Of Household", Additional Info May Be Required. It Is Also Imperative That We Receive All Health Insurance Forms For All Individuals Listed On Return. Also, If IRS Has Issued You Or Your Spouse a PIN # Due To Identity Theft, We Need A Copy Of Their Letter To File The Return.

**PLEASE REVIEW THE FOLLOWING QUESTIONS AND INDICATE YES/NO WHERE APPLICABLE:**  
**GENERAL QUESTIONS**

**YES NO**

- |                          |                          |                                                                                                                |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Any Births, Adoptions, Marriages, Divorces Or Deaths In Your Immediate Family During 2023?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Can You Be Claimed As A Dependent On Another Person's Tax Return?                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Do You Or Your Spouse Qualify For The Blindness Exemption?                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Or Your Spouse Contribute To Any IRA Plans? Amounts \$ _____ Type Of IRA _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Or Your Spouse Contribute To A Keogh/SEP Plan For The Current Year? Amounts \$ _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Rollover Any Existing IRA's To A Roth IRA? Please Provide Details.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Incur Expenses For College Tuition For Either Yourself Or Any Of Your Children? If So, See Page 5.     |
| <input type="checkbox"/> | <input type="checkbox"/> | Do You Have Children Age 23 Or Under That Have Interest/Dividend Income In Excess Of \$2,200?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Incur Any Moving Expenses During The Year? Military Personnel Only On Active Duty!                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Incur Any Costs For Dependent Care Expenses? Please Complete Daycare Schedule, Page 5.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Make Estimated Tax Payments To IRS Or Your Home State For 2022? See Page 4.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | For New Clients, Did You File Federal/State Tax Returns For The Prior Year? Please Provide Us With Copies.     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Receive Or Pay Any Alimony During 2023? Provide Details In Appropriate Sections.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Incur Any Expenses In Connection With An Adoption? If So, Please Provide Details.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Receive Any Health Insurance Premium Tax Credits? Forms 1095-A & 1095-B Must Be Submitted!             |
| <input type="checkbox"/> | <input type="checkbox"/> | Are You Or Your Spouse Self-Employed? If So, Please Complete Business Schedule, Page 7.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Any Income From Farming Activities? If So, Please Complete Business Schedule, Page 7.                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Engage In Any Bartering Activities? If So, Please Provide Details.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Do You Own Any Rental Property? If So, Please Complete Rental Schedule, Page 6.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | From Pensions Or Annuities? See Other Income Section, Page 4, And Provide Source Document(s).                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Receive Any Income From Unemployment Insurance? See Page 4 And Provide Source Document(s).             |
| <input type="checkbox"/> | <input type="checkbox"/> | Income From S Corp., Partnerships, LLC's, Estates Or Trusts? Source Document(s) Required. Also Refer To Page 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Or Your Spouse Receive Social Security Benefits? See Other Income Schedule, Page 4.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did You Receive Any State Tax Refunds? Please Provide Source Document(s) And List On Page 4.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Any Lottery Or Gambling Winnings? Please List On Page 4, Other Income.                                         |

# INCOME INFORMATION 2023

*It is imperative that we have all source documents which accurately reflect the sources of income you have received during 2023. Your returns cannot be processed unless we have received the W-2's, 1099's or other source documents. Failure to provide clear and accurate records may result in future greetings from IRS! Specific types of income are as follows:*

**SALARIES & WAGES:** Please attach all W-2's. Your return cannot be prepared based upon your last pay stub! All returns are filed electronically, with few exceptions, and key data appears on your W-2 that must match IRS files. You will need to contact any former employers you had during the year if you have not received your W-2's.

**PENSION/RETIREMENT PLAN DISTRIBUTIONS:** If you received a pension or retirement plan distribution during 2022, we need Form 1099-R reflecting the transaction. As many of you are aware, RMD's were not required for 2020 due to the pandemic. RMD rules have changed and people born 7/1/1949 or later have until age 72 for their Required Minimum Distributions. However, if you were born before July 1, 1949 or earlier, your RMD is still age 70 ½.

**INTEREST & DIVIDEND INCOME:** 1099-INT's and 1099-DIV's are necessary to properly reflect your interest and dividend income received during 2022. Dividend income is taxed at different rates and the 1099-DIV form reflects this treatment. 1099-INT's will also reflect interest from U.S. obligations which may not be taxed at the state level. If you cashed savings bonds during the year, you will need the 1099-INT form from the bank where you cashed them. They may have given you a form at the time you cashed them and will not send you one in January. Please check your records. It is not our responsibility to obtain your records from your sources!

**CAPITAL GAINS & LOSSES:** We do not know what your basis is in any security sales that transpired in 2023. We rely primarily on the reports from your brokerage accounts that reflect the necessary information such as date sold, date purchased, cost of purchase and gross sales amounts. If you trade independent of any brokerage account it is your responsibility to provide us with the required information. We need Forms 1099-B to accurately reflect the sales activity.

**OTHER ITEMS OF INCOME:** This listing is not necessarily all inclusive:

<u>DESCRIPTION</u>	<u>FORM #</u>	<u>AMOUNT</u>
State Tax Refunds	1099-G	\$ _____
Unemployment Income(yours)	1099-G	\$ _____
Unemployment Income(spouse)	1099-G	\$ _____
Social Security Income(yours)	1099-SSA	\$ _____
Social Security Income(spouse)	1099-SSA	\$ _____
Payments From Qualified Education Programs	1099-Q	\$ _____
Cancellation Of Debt	1099-A Or C	\$ _____
Health Or Medical Savings Account Withdrawals	1099-SA	\$ _____
Lottery/Gambling Winnings	W-2G	\$ _____
Partnership/LLC Income	1065 K-1	\$ _____
Sub S Income	1120S K-1	\$ _____
Trust Income	1041 K-1	\$ _____
Miscellaneous Income	1099-MISC	\$ _____
Non-Employee Compensation (NEW for 2020)	1099-NEC	\$ _____
Alimony Income: Amounts Claimed Should Match Ex-Spouse's Deduction		\$ _____
Health Insurance Premium Tax Credits	1095-A; 1095-B; 1095-C	Need To Be Attached!

**Did you receive any 1099-K forms? Do not ignore these forms! IRS matches them to your SSN!**

**Rental Income Or Business Income Please Refer To Schedules On Page 5 Or Page 6**

**If You Have Other Items Of Income Not Listed Above, Please Bring It To Our Attention So We May Properly Account For The Item On Your Return.**

# 2023 DEDUCTIONS/CREDITS

**MEDICAL & DENTAL EXPENSES:**

Prescription Medicine & Drugs \$ \_\_\_\_\_  
 Medical/Dental Insurance Premiums Paid \$ \_\_\_\_\_  
 Long Term Care Premiums Paid-Taxpayer \$ \_\_\_\_\_  
 Long Term Care Premiums Paid-Spouse \$ \_\_\_\_\_  
 Long Term Care Expenses \$ \_\_\_\_\_  
 Insurance Reimbursements \$ \_\_\_\_\_  
 Medical Travel Miles \_\_\_\_\_ Miles  
 Medical Lodging \$ \_\_\_\_\_  
 Doctors, Dentists, Etc. \$ \_\_\_\_\_  
 Hospitals \$ \_\_\_\_\_  
 Lab Fees \$ \_\_\_\_\_  
 Eyeglasses/Contacts \$ \_\_\_\_\_  
 Medical Parking/Tolls \$ \_\_\_\_\_  
 All Other Medical Equipment/Expenses \$ \_\_\_\_\_  
 Nursing Home or Assist. Living Expenses \$ \_\_\_\_\_  
 \*\*\* Need Facility Letter for % Medical

**TAXES PAID: (MAXIMUM DEDUCTION IS \$10,000 TOTAL)**

State & Local Income Taxes \$ \_\_\_\_\_  
 Real Estate Taxes-Primary Home \$ \_\_\_\_\_  
 Real Estate Taxes-Secondary Home \$ \_\_\_\_\_  
 Personal Property Taxes \$ \_\_\_\_\_  
 Auto/Excise Taxes \$ \_\_\_\_\_  
 All Other Taxes \$ \_\_\_\_\_

**INTEREST PAID: FORMS 1098-MTG MUST BE ATTACHED!**

Mortgage Interest Paid \$ \_\_\_\_\_  
 Mortgage Interest Paid Equity \$ \_\_\_\_\_  
 Mortgage Insurance Premiums \$ \_\_\_\_\_  
 Mortgage Points Paid \$ \_\_\_\_\_  
 Investment Interest Expense \$ \_\_\_\_\_

**CHARITABLE CONTRIBUTIONS: SUBSTANTIATION REQUIRED**

Receipted Donations By Cash/Check \$ \_\_\_\_\_  
 \*\*\* If More Than \$250 Need Org. Name  
 Donated Items-Less Than \$500 \$ \_\_\_\_\_  
 Donated Items-More Than \$500 \$ \_\_\_\_\_  
 Charity Mileage \_\_\_\_\_ Miles

\*\*\* MISCELLANEOUS DEDUCTIONS-NO LONGER DEDUCTIBLE

\*\*\* CASUALTY LOSSES-NEED DETAILS TO DETERMINE IF QUALIFIED

**DEPENDENT CARE EXPENSES: CHILDREN UNDER AGE 13!**

Number Of Children Cared For In 2023 \_\_\_\_\_  
 Amounts Paid In 2023 \$ \_\_\_\_\_  
 Daycare Provider's Name \_\_\_\_\_  
 Provider's Address \_\_\_\_\_  
 Provider's SSN# Or Fed. ID# \_\_\_\_\_  
 Did You Receive Dependent Care Benefits? YES \_\_\_ NO \_\_\_

**TUITION TAX CREDITS INFO:**

Student Name \_\_\_\_\_  
 College/Univ. \_\_\_\_\_  
 Year In School 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_  
 Amounts Paid 2023 \$ \_\_\_\_\_  
 \*\*\*FORM 1098-T RQUIRED!

**EDUCATOR'S EXPENSES:**

Teaching Materials/Supplies \$ \_\_\_\_\_

**ENERGY EFFICIENT EXPENDITURES:**

Solar, Wind, Fuel Cells & Geothermal Heat  
 Qualified Energy Star Home Improvements  
 Amount Paid in 2023 \$ \_\_\_\_\_  
 \*\*\* Documentation Required For Credits!

**STUDENT LOAN INTEREST PAID:**

Interest Paid In 2023 \$ \_\_\_\_\_

**ALIMONY PAID:**

Name Of Recipient \_\_\_\_\_  
 SSN Of Recipient - -  
 Amount Paid In 2023 \$ \_\_\_\_\_  
 Date of Divorce \_\_\_\_\_

**LOTTERY/GAMBLING LOSSES:**

Winnings \$ \_\_\_\_\_  
 Losses \$ \_\_\_\_\_

**NO WINNINGS...NO LOSSES!**

**MASS. RESIDENTS-OTHER DEDUCTIONS:**

Rent Paid In Mass 2023 \$ \_\_\_\_\_  
 Mass Residents 65 Or Over:  
 Real Estate Taxes Paid 2023 \$ \_\_\_\_\_  
 Water & Sewer Paid 2023 \$ \_\_\_\_\_  
 Lead Paint/Title V Expenses \$ \_\_\_\_\_  
 Tuition/College Savings Programs \$ \_\_\_\_\_  
 Commuter Expenses \$ \_\_\_\_\_

**FEDERAL IRS ESTIMATED TAXES PAID FOR 2022:**

Paid 4/15/2023 \$ \_\_\_\_\_  
 Paid 6/15/2023 \$ \_\_\_\_\_  
 Paid 9/15/2023 \$ \_\_\_\_\_  
 Paid 1/18/2024 \$ \_\_\_\_\_

**STATE ESTIMATED TAXES PAID FOR 2022:**

Paid 4/15/2023 \$ \_\_\_\_\_  
 Paid 6/15/2023 \$ \_\_\_\_\_  
 Paid 9/15/2023 \$ \_\_\_\_\_  
 Paid 1/18/2024 \$ \_\_\_\_\_

**ELECTRONIC FUNDS TRANSFERS:**

Have Refunds Direct Deposit? YES \_\_\_ NO \_\_\_  
 Balance Due Account Debited? YES \_\_\_ NO \_\_\_  
 \*\*\*A VOIDED CHECK IS NEEDED TO SET UP  
 THE AUTHORIZATION FOR REFUNDS OR WITHDRAWL  
 Please Provide A Current Voided Check!

# 2023 RENTAL PROPERTY SCHEDULES

	<u>PROPERTY A</u>	<u>PROPERTY B</u>	<u>PROPERTY C</u>
<b><u>GENERAL INFORMATION:</u></b>			
OWNERS' NAMES	_____	_____	_____
PROPERTY ADDRESS	_____	_____	_____
ANY PERSONAL USE?	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
IF YES, WHAT %	_____ %	_____ %	_____ %
DATE PURCHASED	_____	_____	_____
PURCHASE PRICE	\$ _____	\$ _____	\$ _____

**IF YOU PURCHASED A PROPERTY DURING 2023, WE'LL NEED A COPY OF THE HUD SETTLEMENT SHEET. IF YOU ARE A NEW CLIENT AND THE PROPERTY WAS PURCHASED PRIOR TO 2023 WE'LL NEED COPIES OF YOUR PRIOR YEARS TAX RETURNS THAT CONTAIN DEPRECIATION SCHEDULES.**

<b><u>RENTAL INCOME:</u></b>			
GROSS RENTAL INCOME	\$ _____	\$ _____	\$ _____

<b><u>RENTAL EXPENSES:</u></b>			
ADVERTISING	\$ _____	\$ _____	\$ _____
AUTO/TRAVEL EXPENSES	\$ _____	\$ _____	\$ _____
CLEANING & MAINTENANCE	\$ _____	\$ _____	\$ _____
COMMISSIONS	\$ _____	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____	\$ _____
ACCOUNTING/LEGAL FEES	\$ _____	\$ _____	\$ _____
MANAGEMENT FEES	\$ _____	\$ _____	\$ _____
MORTGAGE INTEREST PAID	\$ _____	\$ _____	\$ _____
OTHER INTEREST	\$ _____	\$ _____	\$ _____
REPAIRS	\$ _____	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____	\$ _____
TAXES-REAL ESTATE	\$ _____	\$ _____	\$ _____
TAXES-PERSONAL PROPERTY	\$ _____	\$ _____	\$ _____
UTILITIES	\$ _____	\$ _____	\$ _____
TELEPHONE	\$ _____	\$ _____	\$ _____
OFFICE EXPENSES	\$ _____	\$ _____	\$ _____
WATER & SEWER	\$ _____	\$ _____	\$ _____
GARDENING/LANDSCAPING	\$ _____	\$ _____	\$ _____
CONDO FEES	\$ _____	\$ _____	\$ _____
FUEL OIL/GAS HEAT	\$ _____	\$ _____	\$ _____
OTHER EXPENSES	\$ _____	\$ _____	\$ _____

<b><u>CAPITAL IMPROVEMENTS MADE IN 2023:</u></b>			
COST OF IMPROVEMENT	\$ _____	\$ _____	\$ _____
DATE OF IMPROVEMENT	_____	_____	_____
NATURE OF IMPROVEMENT	_____	_____	_____
COST OF IMPROVEMENT	\$ _____	\$ _____	\$ _____
DATE OF IMPROVEMENT	_____	_____	_____
NATURE OF IMPROVEMENT	_____	_____	_____
COST OF IMPROVEMENT	\$ _____	\$ _____	\$ _____
DATE OF IMPROVEMENT	_____	_____	_____
NATURE OF IMPROVEMENT	_____	_____	_____

**If You Have Other Information Pertinent To Any Rental Property, Please Bring The Information With You For Your Scheduled Appointment. Also, Please Indicate How Much Of Your Time Is Spent In The Management/Upkeep Of Your Rental Properties.**

# 2023 BUSINESS OWNER'S SCHEDULE

**GENERAL INFORMATION:**

NAME OF BUSINESS OWNER(S) \_\_\_\_\_  
 BUSINESS NAME \_\_\_\_\_  
 BUSINESS ACTIVITY-DESCRIBE IN FULL \_\_\_\_\_  
 BUSINESS STREET ADDRESS \_\_\_\_\_  
 BUSINESS CITY, STATE & ZIP CODE \_\_\_\_\_  
 FEDERAL I.D. # IF APPLICABLE \_\_\_\_\_  
 TYPE OF ENTITY:  SOLE PROPRIETOR;  LLC/PARTNERSHIP;  TRUST;  CORPORATION

**INCOME & INVENTORY INFORMATION:**

	<u>AMOUNT</u>
GROSS INCOME SALES/SERVICES	\$ _____
BONUSES/COMMISSIONS	\$ _____
OTHER INCOME	\$ _____
<b>TOTAL GROSS INCOME</b>	<b>\$ _____</b>
BEGINNING INVENTORY @ 1/1/2023	\$ _____
MERCHANDISE/GOODS PURCHASED FOR RESALE IN 2023	\$ _____
RETURNS & ALLOWANCES	\$( _____ )
COST OF ITEMS WITHDRAWN FOR PERSONAL USE	\$( _____ )
ENDING INVENTORY @ 12/31/2023	\$ _____

**BUSINESS EXPENSE INFORMATION:**

ACCOUNTING, LEGAL & OTHER PROFESSIONAL FEES	\$ _____
ADVERTISING, PROMOTIONS	\$ _____
AUTO EXPENSE-PLEASE COMPLETE SCHEDULE ON PAGE 7	\$ _____
BANK CHARGES & RELATED FEES	\$ _____
COMMISSIONS/SUBCONTRACTORS	\$ _____
DUES & PUBLICATIONS	\$ _____
ENTERTAINMENT- MEALS & RELATED CHARGES	\$ _____
HOME OFFICE EXPENSE-SEE SCHEDULE ON PAGE 7	\$ _____
INSURANCE-WORKER'S COMP/LIABILITY	\$ _____
INSURANCE-HEALTH INSURANCE PAID FOR OWNER	\$ _____
INSURANCE-HEALTH INSURANCE PAID FOR EMPLOYEES	\$ _____
INTEREST PAID ON BUSINESS DEBT	\$ _____
OFFICE EXPENSES	\$ _____
RENT/LEASE EXPENSES	\$ _____
REPAIRS & MAINTENANCE	\$ _____
SUPPLIES	\$ _____
TAXES-EMPLOYMENT	\$ _____
TAXES-ALL OTHER	\$ _____
TRAVEL EXPENSES-AIRFARE & ACCOMMODATIONS	\$ _____
TELEPHONE, FAX & RELATED CHARGES	\$ _____
UTILITIES-GAS, ELECTRIC, OIL, ETC.	\$ _____
WAGES/SALARIES	\$ _____
OTHER EXPENSES – PLEASE CLARIFY	\$ _____

**CAPITAL EXPENDITURES FOR 2023:**

DID YOU PURCHASE BUSINESS EQUIPMENT, PROPERTY OR VEHICLES DURING 2023? IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL SUCH ACQUISITIONS:

DESCRIPTION OF PURCHASE	_____
COST OF EQUIPMENT/PROPERTY ACQUIRED	\$ _____
DATE PURCHASED	_____

**IMPORTANT NOTE:** We Need Copies Of Any And All 1099's That Your Business May Have Received Or That You May Have Issued. If You Have Employees, We Need The Year End Reports With The W-2's And The W-3. Additionally, If You Received A Form 1099-K, Third Party Transactions, We Will Need That As Well.

**2023 AUTO/VEHICLE SCHEDULE**

PLEASE COMPLETE THIS SCHEDULE IF YOU USED YOUR VEHICLES AS A BUSINESS OWNER, NOT AS AN EMPLOYEE, DURING 2023. VEHICLE USAGE FOR YOUR W-2 JOB AS AN EMPLOYEE IS NO LONGER APPLICABLE. THE EMPLOYEE BUSINESS EXPENSE THAT WAS REPORTED ON FORM 2106 AND DEDUCTED AS A MISCELLANEOUS DEDUCTION WAS ELIMINATED UNDER TCJA. YOU SHOULD BE GETTING REIMBURSED BY YOUR EMPLOYER UNDER AN ACCOUNTABLE PLAN. THIS DEDUCTION MAY BE BASED UPON AN ACTUAL METHOD OR A STANDARD MILEAGE RATE, WHICHEVER IS MOST ADVANTAGEOUS. THE IRS MILEAGE FACTOR WAS 56.0 CENTS/MILE FOR THE WHOLE YEAR. YOUR TRAVEL LOGS ARE ESSENTIAL!! IF YOU DON'T HAVE ONE, YOU SHOULD PREPARE ONE NOW AND KEEP IN YOUR RECORDS.

<b><u>GENERAL INFORMATION:</u></b>	<b><u>VEHICLE #1</u></b>	<b><u>VEHICLE #2</u></b>
VEHICLE MAKE & MODEL	_____	_____
DATE PURCHASED/LEASED	_____	_____
PURCHASE PRICE-GROSS	_____	_____
LESS: TRADE-IN	(_____)	(_____)
TOTAL MILEAGE 2023	_____	_____
BUSINESS MILEAGE 2023	_____	_____
ODOMETER READING @ 1/1/2023	_____	_____
ODOMETER READING @ 12/31/23	_____	_____
VEHICLE WEIGHT	_____	_____
<b><u>EXPENSE INFORMATION:</u></b>		
GASOLINE & OIL	_____	_____
REPAIRS & MAINTENANCE	_____	_____
INSURANCE	_____	_____
TIRES	_____	_____
WASH & WAX	_____	_____
INTEREST EXPENSE	_____	_____
LEASE PAYMENTS	_____	_____
LICENSES & FEES	_____	_____
EXCISE/AUTO TAXES	_____	_____
OTHER EXPENSES	_____	_____

**PLEASE PROVIDE US WITH ANY LOAN DOCUMENTATION REGARDING YOUR VEHICLES.**

**2023 HOME OFFICE SCHEDULE**

IF YOU OPERATE A BUSINESS FROM YOUR HOME YOU MAY BE ELIGIBLE TO DEDUCT A PORTION OF YOUR HOME FOR TAX PURPOSES, SUBJECT TO RESTRICTIONS. AGAIN, THIS DOES NOT APPLY TO EMPLOYEES WHO MAY WORK AT HOME FOR THE CONVENIENCE OF THEIR EMPLOYER. IF APPLICABLE, PLEASE PROVIDE THE FOLLOWING INFORMATION. ALL EXPENSE INFORMATION IS THE TOTAL PAID FOR THE YEAR.

<b><u>GENERAL INFORMATION:</u></b>	
TOTAL NUMBER OF ROOMS IN HOME	_____
NUMBER OF ROOMS USED FOR BUSINESS	_____
OR: TOTAL SQUARE FOOTAGE OF HOME	_____
SQUARE FOOTAGE OF BUSINESS AREA	_____
<b><u>EXPENSE INFORMATION:</u></b>	
HEAT OR FUEL OIL	_____
ELECTRICITY	_____
CONDO FEES/ASSESSMENTS	_____
INSURANCE	_____
RENT EXPENSE	_____
REPAIRS & MAINTENANCE	_____
WATER/SEWER; OTHER EXPENSES	_____