

Alabama Information (Page 1 of 2)

General Information:

	Taxpayer:		Spouse:	
Na	• •	Name	•	
	ame	Address		
	ddress	City		
	ity			
	tate P Code	ZIP Cod	· 9	
	preign Province/State/County		Province/State/County	
	preign Country		Country	
	preign Postal Code		Postal Code	
			-	
eside	ency Information:			rom To /Da/Yr) (Mo/Da
If you	u did not live in Alabama for all of 2023, enter the dates y	ou did live in Alahama		
	er the state names other than Alabama for which you had			
	,			
lucat	tion Savings:			
	_			
•	ou or your spouse make any contributions to an Alabama	•	•	Yes No
Pr	rogram or Alabama College Education Savings Program a	ccount?		🔲 📖
TS	Name of Designated Beneficiary	Social Security	Account Number	2023 Amour
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amour Contribute
TS	Name of Designated Beneficiary		Account Number	
TS	Name of Designated Beneficiary		Account Number	
			Account Number	
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Ente SAAA	umer Use Tax: er the amount of Internet or out of state purchases for which the amount of Internet or out of state purchases for which the amount use the amount of the a	ch you did not pay sales	state Veterans Cemetery at ish Fort Foundation, Inc	Contribute
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Ente GAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	cumer Use Tax: For the amount of Internet or out of state purchases for which deneral use Automotive vehicles Form machinery and equipment Stary Contributions: For the amount you wish to contribute on your 2023 tax returns a contribute on your 2023 tax retu	ch you did not pay sales urn to: Alabama Spar Foster C Mental H Alabama Victims of Alabama Alabama Spay Alabama	tax: State Veterans Cemetery at ish Fort Foundation, Inc. are Trust Fund lealth Breast & Cervical Cancer Progratif Violence Assistance Military Support Foundation Veterinary Medical Foundation	Contributed





ter Any Additional Alabama Information:	
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nesi	dency Information:		Fron (Mo/Da	
lf :	you did not live in Arizona for all of 2023, enter the dates you	u did live in Arizona	· · · · · · · · · · · · · · · · · · ·	
Er	ter the state names other than Arizona where you had incon	me		
:duc	ation Savings:		Yes	No
	you or your spouse make any contributions to a qualified st If Yes, enter the following:	tate tuition (Section 529) plan	1?	
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
Volu	ntary Contributions:			
Er	ter the amount you wish to contribute on your 2023 tax retu	urn to:		
Ente	Domestic Violence Shelter Fund Neighbors Helping Neighbors Fund Special Olympics Fund Veteran's Donation Fund I Didn't Pay Enough Fund Solutions Teams Assigned to Schools Spay/Neuter of Animals Fund Political Gift - Democratic Libertarian			





	eral Information:			
Nu	mber of developmentally disabled individuals		-	
Na	mes of developmentally disabled individuals			
Ту	pe of disability	Тахрау	ver Spouse	
Do	you qualify as being deaf for personal credit purposes?	Yes	No Yes No	
Ea	ly Childhood Program certification number			
lesi	dency Information:		Fron (Mo/Da	
	ou did not live in Arkansas for all of 2023, enter the dates er the state names other than Arkansas where you had in			
out	ation Savings:			<u> </u>
	you or your spouse make any contributions to an Arkans account?	•	1 10g/a/11	No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
	ek-Off Contribution: er the amount you wish to contribute on your 2023 tax re	eturn to:		
	Arkaneae Game and Fish Foundation			
	Arkansas Game and Fish Foundation			
	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program	ram Trust Fund		
	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program	ram Trust Fund		
	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging	ram Trust Fund		
	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative	ram Trust Fund		
	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative	ram Trust Fund		
€nte	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative	ram Trust Fund		
inte	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative Arkansas Brighter Future Fund Plan Account	ram Trust Fund		
inte	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative Arkansas Brighter Future Fund Plan Account	ram Trust Fund		
:nte	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative Arkansas Brighter Future Fund Plan Account	ram Trust Fund		
:nte	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative Arkansas Brighter Future Fund Plan Account	ram Trust Fund		
Ente	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative Arkansas Brighter Future Fund Plan Account	ram Trust Fund		
Ente	Arkansas School for the Blind and Deaf Baby Sharon's Children Catastrophic Illness Grant Progr Organ Donor Awareness Education Program Military Family Relief Program Arkansas Area Agencies on Aging Newborn Umbilical Cord Initiative Arkansas Brighter Future Fund Plan Account	ram Trust Fund		



California Information (Page 1 of 2)

General Information:			
Enter the amount of Internet or out of state purchases for which you did r	not pay sales tax		
Did you, your spouse, and all household members have full-year health ca Attach all Forms FTB 3895 and/or IRS 1095 received and any applicate	*		Yes No
rincipal/Physical Residence at Time of Filing:	California Residents Only		
County at time of filing Street address Apt No. City, State, ZIP Country, province, and postal code (if foreign)			
desidency Information:			
Complete this section only if you were a resident of any other state	during any portion of the year	Taxpayer	Spouse
State or country of domicile If you were a military nonresident, enter state stationed in abbreviation			
If you became a resident of California in 2023, enter - State of prior resider - Date of move	ence abbreviation (Mo/Da/Yr)		
	(Mo/Da/Yr)		
If you were a California nonresident the entire year, enter your state of res	sidence		
How many days during 2023 were spent in California?		Yes No	Yes No
Did you own homes and/or properties in California during 2023?		Tes No	Tes No
If you were a prior resident of California, enter the date you moved back to If you were a prior resident of California, enter the date you left California			
/oluntary Contributions: Enter the amount you wish to contribute on	n your 2023 tax return to the following	funds:	
California Seniors Special Fund	Protect Our Coast and Oceans Voluntary Tax Contrib	ution Fund	
Alzheimer's Disease and Related Dementia Voluntary Tax	Keep Arts in School Voluntary Tax Contrib	ution Fund	
Contribution Fund	California Senior Citizen Advocacy Volunta	-	
Rare and Endangered Species Preservation Voluntary Tax	Contribution Fund		
Contribution Program	Native California Wildlife Rehabilitation Vo	,	
California Breast Cancer Research Voluntary Tax Contribution Fund	Contribution Fund		
California Firefighters' Memorial Voluntary Tax Contribution Fund	Rape Kit Backlog Voluntary Tax Contributi		
Emergency Food for Families Voluntary Tax Contribution Fund	Suicide Prevention Voluntary Tax Contribu		
California Peace Officer Memorial Foundation Voluntary	Mental Health Crisis Prevention Voluntary Tax Contri	DUUUN FUNG L	
Tax Contribution Fund			
California Sea Otter Voluntary Tax Contribution Fund			
California Cancer Research Voluntary Tax Contribution Fund School Supplies for Homeless Children Voluntary Tax Contribution Fund			
State Parks Protection Fund/Parks Pass Purchase			





Renter's Credit:

List the address(es)	of residence(s) in	California and the dates	you rented during 2	2023:

				Dates Rented in 2023	
Street Address		City, State, and ZIP code		From (Mo/Da/Yr)	To (Mo/Da/Yr)
List the name, address and teleph	one number of	the person(s) you paid re	nt to:		
Name	I	reet Address	City, State and ZIP Code	Telepho	one Number
				•	
					Yes No
Are you a dependent or minor livin	g with or under	the care of another?			. []
Was the property you rented in 20	23 exempt fron	n property tax?			
Did you claim the homeowner's pro	operty tax exen	nption anytime during 202	23?		. \square
Did your spouse claim the homeov	wner's property	tax exemption anytime d	uring 2023?		. \square
If you and your spouse file separat	te returns and li	ived in the same rental pro	operty, do you wish to claim 100% of the	his credit?	. \square
nter Any Additional Californ	nia Informat	tion:			
•			.		



Colorado Information (Page 1 of 2)

General I	nformation:				
Enter th	e amount of Internet or out of state purchases for wh	nich you did not pay state sale	s or use tax		
If you liv	ve in a special use tax district, enter the name of the c	district			
Ente	er the amount of Internet or out of state purchases for	which you did not pay specia	al district sales or us	se tax	
		Тахр	payer	Spo	ouse
Residenc	cy Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
lf you d	id not live in Colorado for all of 2023, enter the dates		(1110) 2 42 117	((
•	live in Colorado	•			
Enter th	e state names other than Colorado where you had in	come			
-ducatio	n Savings:				
	•			Yes No	
	or your spouse make any contributions to a Colorado	o 529 College Savings Plan ac	count?		
If Yes	s, enter the following:	Account Holder			
TS	Account Holder Name	Social Security	Account Nu		2023 Amount Contributed
 		Number			
				l	
		-			
·irst-1im	e Home Buyer Savings Account Deduct	ion:			
Name o	f beneficiary				
SSN of	beneficiary	· · · · · · · · · · · · · · · · · · ·			
	f bank or institution				
	t number of the first-time home buyer account \dots				
Desire					
	ng of year balance in account				
End of)	/ear balance in account				





Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return t	:0:	
Nongame Conservation and Wildlife Restoration Cash Fund Colorado Domestic Abuse Program Fund Homeless Prevention Activities Program Fund American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund Western Slope Military Veterans' Cemetery Fund Pet Overpopulation Fund Habitat for Humanity of Colorado Fund Military Family Relief Fund Special Olympics of Colorado Fund Colorado Nonprofit Fund*	Colorado Healthy Rivers Fund Alzheimer's Association Fund Colorado Cancer Fund Make-A-Wish Foundation of Colorado Fund Unwanted Horse Fund Feeding Colorado Fund * Include name of organization and registration number	
nter Any Additional Colorado Information:		



Connecticut Information (Page 1 of 2)

General Information:

Er	nter the amount of Internet or out of state purchases for which you Combine individual purchases less than \$300 each per category				
Lι	ixury items	·			
	omputer and data processing services				
	essels, motors for vessels, or trailers to transport vessels.				
	her purchases				
	For any amounts entered, include the date of purchase, descript				
_		Ta	xpayer		Spouse
Kes	dency Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Fron (Mo/Da	
lf :	you did not live in Connecticut for all of 2023:				
	Enter the dates you did live in Connecticut				
	List the prior/new state of residence	· · ·			
Er	ter the state names other than Connecticut where you had incom				
Educ	ation Savings:			ĺ	Yes No
	you or your spouse make any contributions to a Connecticut High If Yes, enter the following:	her Education Trust (0	CHET) account?		
TS	Name of Designated Beneficiary	Social Security Number	CHET Account N	lumber	2023 Amount Contributed
Ba Da Da	resident and Part-Year Resident Employee Appor your employment required you to perform services both inside and of income you earned in Connecticut and you were an employee asis for apportionment: Working days (1), Sales (2), Mileage (3) ays/sales/miles outside Connecticut ays/sales/miles inside Connecticut onworking days (only to be used with working days basis for apportatal income being apportioned	d outside Connecticut who was compensat	and you do not knowed, complete the info	v the actual ormation belo	ow:
Volu	undarra Caradrilla di arra				
Er	ntary Contributions:				
	Intary Contributions: Iter the amount you wish to contribute on your 2023 tax return to:				
	•				
	iter the amount you wish to contribute on your 2023 tax return to:				
	AIDS Research Education Fund				
	AIDS Research Education Fund Organ Transplant Fund				
	AIDS Research Education Fund Organ Transplant Fund Endangered Species/Wildlife Fund				
	AIDS Research Education Fund Organ Transplant Fund Endangered Species/Wildlife Fund Breast Cancer Research Fund				
	AIDS Research Education Fund Organ Transplant Fund Endangered Species/Wildlife Fund Breast Cancer Research Fund Safety Net Services Fund				



Connecticut Information (Page 2 of 2)

Credit for Property Taxes Paid:

Select Property Code

If you are a Connecticut resident and have property taxes that first became due and were paid in 2023 on your primary residence and/or privately owned or leased motor vehicle, fill out the information below:

1 - Primary Residence 2 - Auto 1 3 - Auto 2 - Married Filing Jointly only

Name of Connecticut Tax Town or District	Description of Property If primary residence, enter street address If motor vehicle, enter year, make and model	Date Paid (Mo/Da/Yr)	Amount Paid	Prop. Code

nter Any Additional Connecticut Information:		





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eneral Information:	Taxpayer		Spouse
Business telephone number (including area code)			
Do you qualify as permanently disabled?	Yes No		Yes No
esidency Information:	Taxpayer	To	Spouse To
If you did not live in Delaware for all of 2023, enter the dates you did live in Delaware	(Mo/Da/Yr) (M	o/Da/Yr)	(Mo/Da/Yr) (Mo/Da/Y
Enter the state names other than Delaware where you had income			
luntary Contributions:	_		
Enter the amount you wish to contribute on your 2023 tax return to:		Taxpayer	Spouse
Delaware's Nongame Wildlife, Endangered Species, and Natural Areas F	reservation		
Fund			
Emergency Housing Assistance Fund			
Delaware Breast Cancer Coalition			
Organ Donation Awareness Trust Fund			
Diabetes Education Fund			
Delaware Veteran's Home Fund			
Delaware National Guard and Reserve Emergency Assistance Fund			
Juvenile Diabetes Research Foundation			
Multiple Sclerosis Society			
Ovarian Cancer Fund			
21st Fund for Children			
White Clay Creek Wild and Scenic River Preservation Fund			
Home of the Brave Fund			
Senior Trust Fund			
0 : T . F .			
Senior Trust Fund Veteran's Trust Fund			
Senior Trust Fund Veteran's Trust Fund Protecting DE's Children Fund			
Senior Trust Fund Veteran's Trust Fund Protecting DE's Children Fund Food Bank of Delaware			
Senior Trust Fund Veteran's Trust Fund Protecting DE's Children Fund Food Bank of Delaware Delaware Habitat for Humanity			
Senior Trust Fund Veteran's Trust Fund Protecting DE's Children Fund Food Bank of Delaware			



District of Columbia Information (Page 1 of 5)

Resi	dency Information:			From (Mo/Da/Yr)	To (Mo/Da/Yr)
If	you did not live in the District of Columbia for all of 2023, enter th in the District of Columbia	•			
Er	nter the state names other than the District of Columbia where yo	u had income			
Educ	ation Savings:			Yes No	
Dic	you or your spouse make any contributions to a qualified DC "52 If Yes, enter the following:	29" College Savings Pl	an account?		
TS	Name of Designated Beneficiary	Social Security Number	Account Num		2023 Amount Contributed
Dror	perty Tax Credit Information:	,			
TS					
Er	nter the amount of annual rent paid.				
W	hat type of property is the property tax credit for?	House A	partment Ro	oming house	Condominium Cooperative
	Indlord's information: Name Address Apartment number City, state and ZIP code Telephone number				
Busi	ness Credits				
Oı	gan and Bone Marrow Donor Credit				
Jo	b Growth Incentive Act Credit				
Ar	nount of homeownership assistance provided to eligible employe	es			
	Number of eligible employees				
Volu	ntary Contributions:				
Er	ter the amount you wish to contribute on your 2023 tax return to	:			
	Tax-Payer Support for Afterschool Programs for At-Risk Student	ts			
	DC Statehood Delegation Fund				
	Anacostia River Cleanup and Protection Fund				



District of Columbia Information (Page 2 of 5)

Disability Income Exclusion Info	rmation:										<u> </u>	'es	No
Were you physically or mentally impaire Is your disability expected to last 12 mo Did you file a physician's certification in	nths or more?												
	Т	s _							TS		_		
Date retired (Mo/Da/Yr) Name of employer Name of payer Physician's name Physician's address Physician's apartment number Physician's city, state and ZIP code Physician's telephone number													
Non-Custodial Parent EITC Clair	n Information:												
Dependent name Dependent SSN Location of court Case or Docket number Name of government agency Street address of government agency City, state and ZIP code Monthly court ordered payments Start date of ordered payments (Mo/Da Custodian first name and initial Custodian last name Custodian social security number Custodian street address City, state and ZIP code Custodian date of birth (Mo/Da/Year) Health Insurance Information	·	-			-			-					
Did you and all household members hat If No, did you or any household mem If Yes, enter the applicable exempt	bers qualify for an exemp	tion? .										'es	No
If No, indicate which months you and	or your household mem	bers did	d not h	ave hea	alth ins	urance	cover	age an	d did n	ot have	e an ex	emptio	on.
House	hold Member Names	Jan	Feb	Mar 	Apr	May 	Jun	Jul	Aug	Sep	Oct	Nov 	
Enter Any Additional District of 0	Columbia Informati	on:											



District of Columbia Information (Page 3 of 5)

Domestic and Foreign Filing Entity Inform	nation:
File number Company name Registered agent	·····
A statute and of the first and account to the efficient	
0	
Otata an accordance of annuariantian	
Company's Manager and Members:	
Name	Address
Is this corporation in good standing in state/country	
Name of governor or authorized person	·····
Enter Any Additional District of Columbia	a Foreign Filing Entity Information:
Enter Any Additional Platfot of Columbia	Trorogramming Entity information.
	-



District of Columbia Information (Page 4 of 5)

Unincorporated Business Franchise Tax Information:

General Information:
TSJ Number of business locations: Within DC Outside DC DC business tax number Sales and use tax account number Federal employer I.D. number Fiscal year begin date Fiscal year end date
Business name Business street address
Business street address Business city, state, and ZIP code
Supplemental Information:
Principal business activity
Type of ownership Date business began (Mo/Da/Yr) Was the business terminated during 2023? If Yes, enter the termination date and reason below. Termination date (Mo/Da/Yr) Termination reason
IRS Service Center where the 2023 federal income tax return was filed
Taxpayer name shown on the 2023 federal income tax return filed
Have you filed annual Federal Information Return Forms 1096 and 1099? If No, enter the reason for not filing Forms 1096 and 1099
Which method is used on the federal income tax return? Accrual Cash Other (specify)
Did you withhold DC income tax from your employees' wages during 2023? If No, enter the reason for not withholding DC income tax
Did you file a DC franchise tax return for the business for 2022? If No, enter the reason for not filing a DC franchise tax return Yes No
Did you file an annual ballpark fee return?



District of Columbia Information (Page 5 of 5)

Small Retailer Property Tax Relief Credit:

Certificate of occupancy permit number
Enter the amount of rent paid for qualified retail location
Enter the total amount of Class 2 property taxes paid for qualified retail location
District of Columbia Class 2 Property Information:
Address
Name
City, state, and ZIP code Telephone number
Inter Any Additional District of Columbia UBT Information:





General Information:				
County		<u>.</u>		
Other Business Infor	mation:			
If business sold, enter da	ate			
rade Level (check a				
Retail	Wholesale	Manufacturing	Professional	
Service	Agriculture	Leasing/Rental	Other	
		Leasing/herital	Other	
inter Any Additional	Florida Information:			





Tax				
	payer Disability Information:			
	Гуре	·		
	Date	(Mo/Da/Yr)	_	
Spo	use Disability Information:			
	Гуре	<u></u>		
	Date	(Mo/Da/Yr)	<u> </u>	
esic	ency Information:		Fro (Mo/D	
lf y	ou did not live in Georgia for all of 2023, enter the dates y	you did live in Georgia	· · · · · · · · · · · · · · · · · · ·	
luca	tion Savings:		Yes	No
-	rou or your spouse make any contributions to a Georgia	Path2College 529 Plan accour		110
	Yes, enter the following:	Social Security		2023 Amount
TS	Name of Designated Beneficiary	Number	Account Number	Contributed
nuľ	tary Contributions:			
Ent	er the amount you wish to contribute on your 2023 tax re			
Ent	er the amount you wish to contribute on your 2023 tax re			
Ent	er the amount you wish to contribute on your 2023 tax re Wildlife Conservation Fund Fund for Children and Elderly			
Ent	er the amount you wish to contribute on your 2023 tax re Wildlife Conservation Fund Fund for Children and Elderly Cancer Research Fund			
Ent	Wildlife Conservation Fund Fund for Children and Elderly Cancer Research Fund Land Conservation Program			
Ent	er the amount you wish to contribute on your 2023 tax re Wildlife Conservation Fund Fund for Children and Elderly Cancer Research Fund Land Conservation Program National Guard Foundation			
Ent	Wildlife Conservation Fund Fund for Children and Elderly Cancer Research Fund Land Conservation Program National Guard Foundation Dog and Cat Sterilization Fund			
Ent	er the amount you wish to contribute on your 2023 tax re Wildlife Conservation Fund Fund for Children and Elderly Cancer Research Fund Land Conservation Program National Guard Foundation Dog and Cat Sterilization Fund Saving the Cure Fund			
Ent	Wildlife Conservation Fund Fund for Children and Elderly Cancer Research Fund Land Conservation Program National Guard Foundation Dog and Cat Sterilization Fund			
Ent	Public Safety Memorial Grant			
Ent	er the amount you wish to contribute on your 2023 tax re Wildlife Conservation Fund Fund for Children and Elderly Cancer Research Fund Land Conservation Program National Guard Foundation Dog and Cat Sterilization Fund Saving the Cure Fund Realizing Educational Achievement Can Happen			
Ent	Public Safety Memorial Grant			
Ent	Public Safety Memorial Grant			
Ent	Public Safety Memorial Grant			
Ent	Public Safety Memorial Grant			
Ent	Public Safety Memorial Grant			
Ent	Public Safety Memorial Grant			
Ent	Public Safety Memorial Grant			
Ent	Public Safety Memorial Grant			
Ent	Public Safety Memorial Grant			





2023			
General Information:			
County of residence			
Jury duty pay returned to employer			
Do you qualify as deaf or disabled?	Taxpayer Yes No	Spouse Yes No	
Residency Information:		From T (Mo/Da/Yr) (Mo/D	o Da/Yr)
If you did not live in Hawaii for all of 2023, ente	er the dates you did live in Hawaii	·	
Enter the state names other than Hawaii where	e you had income		
Voluntary Contributions:		Taxpayer Sp	oouse
Do you wish to contribute \$3 to the Hawaii Ele your balance due or decrease your refund	ction Campaign Fund? This will not increase	Yes No Yes	No
Do you wish to contribute \$2 to the Hawaii sch special fund?	nool-level minor repairs and maintenance	🗆 🗆 🗀	
Do you wish to contribute \$5 to the Hawaii Pu	blic Libraries Fund?		
Do you wish to contribute \$5 to the Hawaii Do	mestic Violence/Child Abuse and Neglect Funds?	🗆 🗆 🗀	
Low-Income Household Renters:			
Address			
	From To (Mo/Da/Yr) (Mo/Da/Yr)		
Dates occupied			
Owner's name Owner's address Owner's tax ID number			

Enter Any Additional Hawaii Information:





	1// 11// 11// 11// 11// 1/// 1// 1// 11// 11// 11// 11// 11// 11// 11// 11// 11//				
General	Information:		Taxpayer Yes No	S _F	oouse
Are you	disabled and age 62, 63 or 64?				
-	the unremarried widow of a retired U.S. Civil Service Military Serviceman, Idaho fireman or Idaho policema	• •	🗆 🗀		
Enter th	e amount of Internet or out of state purchases for wh	ich you did not pay sales ta	x		
Residen	cy Information:	Та	axpayer	Spe	ouse
		From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
•	id not live in Idaho for all of 2023, enter the dates you live in Idaho				
Are you	a resident on active military duty?	Taxpayer Yes No		Spouse Yes No	
Did you	n Savings: or your spouse make any contributions to a Idaho Col s, enter the following:	llege Savings Program acco	Yes	No	
TS	Name of Designated Beneficiary	Social Security Number	Account Num		2023 Amount Contributed
				+	
Enter th Non- Idah Child	y Contributions: te amount you wish to contribute on your 2023 tax ret game Wildlife Conservation Fund no Guard and Reserve Family Support Fund dren's Trust Fund/Child Abuse Prevention cial Olympics Idaho				
ldah	o Food Bank				

Enter Any Additional Idaho Information:

Opportunity Scholarship Program

American Red Cross of Idaho Fund





General	Inform	ation.
General	intorm	ation:

	ounty of residence					
En	ter the total property tax paid applicable t	o the personal resid	dence			
	Property index number					
	County name					
En	iter the amount of general merchandise fo iter the amount of qualifying food, non-pre which you did not pay any sales tax	scription drugs and	medical appliances for			
	e you a member, shareholder, partner, ber holds a medical cannabis cultivation cent by you or your spouse have income from the	er or medical canna	abis dispensary registrat	tion?		No
En	ter the amount of Illinois income tax you v	vithheld from a hous	sehold employee			
Resid	dency Information:				From To (Mo/Da/Yr)	
-	ou did not live in Illinois for all of 2023, en ter the state names other than Illinois whe	•				
duc	ation Savings:					
(you or your spouse make any contributior College Savings Program, or College Illinoi f Yes, enter the following:					No
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2023 Amount Contributed	X
	E Savings Account: you or your spouse make any contribution	os to a qualified Illin			Yes	No
		is to a qualifica fillin	ois ABLE savings accou			\Box
lf	Yes, enter the following:			X if contribution w	as a gift	▼
			Social Security Number		as a gift	
lf	Yes, enter the following:		Social Security	X if contribution w	as a gift 2023 Amount	▼ X
lf	Yes, enter the following:		Social Security	X if contribution w	as a gift 2023 Amount	X





ualified Education Expense Information: P - Public School N - Non-Public School H - Home School						
Dependent Name	Grade (K-12)	School Name	School City	School Type	Tuition, Book/Lab Fee	
Are you including a receipt for qualified ed	ucation expenses	?	Yes	No		
Can IDOR share your income information	to determine healtl	n insurance benefits?	Yes	No		
ter Any Additional Illinois Inform	nation:					



Indiana Information (Page 1 of 2)

Gen	eral Infor	mation:	Та	xpayer		Spouse
С	ounty of resid	dence				
С	ounty of emp	oloyment				
E	nter the amo	unt of Internet or out of state purchases for which you d	lid not pay sales tax			
			Tax	payer	7	Spouse
Res	idency Inf	formation:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/	ı To
lf	you did not l	ive in Indiana for all of 2023, enter the dates you				
E	did live in Ir nter the state	ndiana				
du	cation Sav	rings:				Yes No
Die		spouse make any contributions to an Indiana CollegeC ou made contributions for the purpose of paying for qua				
TS	Taxpayer or Spouse is not the Account Owner	Name of Designated Beneficiary	Social Security Number	Account N	lumber	2023 Amount Contributed
	If Yes and y	ou made contributions for the purpose of paying for K-1	2 tuition expenses, e	enter the following	g:	
TS	Taxpayer or Spouse is not the Account Owner	Name of Designated Beneficiary	Social Security Number	Account N	lumber	2023 Amount Contributed
		,	1			I
/olu	ıntary Coı	ntributions:				
Е	nter the amo	unt you wish to contribute on your 2023 tax return to:				
	•	Wildlife Fund				
		reducation Fund				
Ded	uctions a	nd Credits:		Тах	payer	Spouse
E	nter the amo	unt of Indiana lottery winnings				
lf	you made a	contribution during 2023 to an Indiana college or univer	sity, enter the followi	ing information:		
Γ		Name of College or University			Date	Amount
}						





Renter's Deduction:

Landlord information:	
Name	
Address	
City, State, ZIP	
Rental property:	
Street address	
City, State, ZIP	
Number of months rented in 2023	
Rent paid	
Iomeowner's Residential Property Tax Deduction:	
Number of months at this address during 2023	
Property tax paid	
inter Any Additional Indiana Information:	





Gen	eral Information:			
Co	ounty of residence			
Sc	hool district number			
На	as your name or address changed since filing last year's return?		. Yes	No
			Taxpayer	Spouse
Tu	ition and textbook expenses for Grades K-12			
Rasi	dency Information:		payer	Spouse
nesi	dency information.	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From To (Mo/Da/Yr) (Mo/Da/Yr)
	ou did not live in Iowa for all of 2023, enter the dates you did live in Iowa			
En	ter the state names other than lowa where you had income	· · · <u></u>		
Did	ation Savings: you or your spouse make any contributions to a College Savings I account? If Yes, enter the following:		29 Plan	Yes No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	er 2023 Amount Contributed
Volu	ntary Contributions:			
En	ter the amount you wish to contribute on your 2023 tax return to:			
	Fish and Game Protection Fund			
	Child Abuse Prevention Program Fund			
love	Itomizad Dadustiana		Taxpayer	Spouse
iowa	Itemized Deductions:			
En	ter the amount of expenses incurred for the care of a disabled rela	tive		
En	ter any adoption expenses			





ederal Tax Data:	Enter the amounts from your 2022 income tax returns		
lowa deduction for fed	eral taxes		
Federal tax liability .			
Total federal other taxe	es		
Federal estimated tax	paid in 2022		
Federal estimated tax	applied from 2021 overpayment		
Federal estimated tax	paid in 2023		
Amount paid with requ	est for federal extension		
Amount paid for federa	al balance due (less interest and penalties)		
Federal earned income	credit		
Federal additional child	d tax credit		
Federal American oppo	ortunity credit		
Federal net premium ta	ax credit		
Federal excess Social	Security tax withheld		
Credit for federal tax o	n fuels		
Other refundable feder	al tax credits		
		Taxpayer	Spouse
Iowa net income			
Federal income not sul	bject to withholding		
Federal SE tax			
Federal income tax wit	hheld		
Todoral intodino tax wit			
	al Iowa Information:		
	al lowa Information:		
	al lowa Information:		
	al lowa Information:		



Kansas Information (Page 1 of 2)

Gene	ral Information:				
Cou	unty				
Sch	nool district number			· · · · · · <u> </u>	
En	ter the amount of Internet or out of state purchases for whic	ch you did not pay sales tax			
	dency Information:			From	To o/Da/Yr)
	ou did not live in Kansas for all of 2023, enter the dates you	did live in Kansas			
	er the state names other than Kansas where you had incon				
EIIU	er the state mames other than Kansas where you had incom	ie	• •		
Educa	ation Savings:				
t	you or your spouse make any contributions to a Learning Quition (Section 529) plan account? f Yes, enter the following:		•	Yes No	
TS	Name of Designated Beneficiary	Social Security Number	Account Numb	per 2023 Ar Contrib	
		Ttambo.		Contain	Juliou
	you or your spouse make any contributions to an ABLE sav Yes, enter the following:	ings account?			
TS	Name of Designated Beneficiary	Social Security Number	Account Numb	per 2023 Ar Contrib	
	ntary Contributions: er the amount you wish to contribute on your 2023 tax retu	rn to:			
	Kansas Nongame Wildlife Improvement Fund (Chickadee C	heckoff)			
	Senior Citizens Meals on Wheels Contribution Program				
	School district number (if different from above)				
Intan	gibles Tax Information:				
	/				
IOV	vnship		•		
	you qualify as being disabled or blind?			No	
Cou	unty		•		





	m Information:				Yes	No
as any part of your homestead rented or used for business? by you want to send your 2024 homestead advancement to the county treasurer? your property tax delinquent? e you filing as surviving spouse of a disabled veteran or an active duty service member who died in the line of duty?						
you qualify as disabled and are not over 55.						
Spouse you qualify as a disabled veteran, enter the					<u> </u>	
ousehold Income:					2023 Amo	unt
001 100 11 1 111 1						
Recipient			Source		2023 Amount	
	Description				2023 Amo	
ease list any other members of the househo	old that lived with you	for an extended per	iod during the tax y	rear. Do not include	e your depen	dents
ease list any other members of the househo	old that lived with you Date of Bi	irth p	iod during the tax y	vear. Do not include Number of Months in Household	Social Se	curit
	Date of Bi	irth p		Number of Months in	Social Se	curit
	Date of Bi	irth p		Number of Months in	Social Se	curit
	Date of Bi (Mo/Da/Y	irth p		Number of Months in	Social Se	curit
Name	Date of Bi (Mo/Da/Y	irth p		Number of Months in	Social Se	curit
Name	Date of Bi (Mo/Da/Y	irth p		Number of Months in	Social Se	curit
Name	Date of Bi (Mo/Da/Y	irth p		Number of Months in	Social Se	curit
Name	Date of Bi (Mo/Da/Y	irth p		Number of Months in	Social Se	curit
Name	Date of Bi (Mo/Da/Y	irth p		Number of Months in	Social Se	curit





General Information:		Taxpayer	Spouse
		Yes No	Yes No
Are you a member of the National Guard?			
Enter the amount of Internet or out of state purchases for which you did not pay sales tax			
		- Fram	 T a
Residency Information:		From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Kentucky for all of 2023, enter the dates you did live in Kentucky			
Enter the state names other than Kentucky where you had income	-		
Voluntary Contributions:			
	Taxpayer	Spo	use
Do you wish to contribute to the Political Party Fund?	Yes No	Yes	No
Democratic			
Republican			
Enter the amount of your overpayment you wish to contribute on your 2023 tax return to:			
Nature and Wildlife Fund			
Child Victims' Trust Fund			
Veterans' Program Trust Fund			
Breast Cancer Research and Education Trust Fund			
Farm to Food Banks Trust Fund			
Local History Trust Fund			
Special Olympics Kentucky			
Pediatric Cancer Research Trust Fund			
Rape Crisis Center Trust Fund			
Court Appointed Social Advocate Trust Fund			
YMCA Youth Association Fund			
Enter Any Additional Kentucky Information:			



Louisiana Information (Page 1 of 2)

	Information:				
Enter	the amount of Internet or out of state purchases for wh	ich you did not pay sales tax			
Resider	ncy Information:			From (Mo/Da/Yr)	To (Mo/Da/Yr)
	did not live in Louisiana for all of 2023, enter the dates yn he state names other than Louisiana where you had inc				
ducatio	on Savings:			Yes	No
•	or your spouse make any contributions to a START Sass, enter the following:	vings Program account?			
TS	Name of Designated Beneficiary	Social Security Number	Account Number		2023 Amount Contributed
/olunta	ry Contributions:				
Coa Wild Lou Lou Am Lou Lou Lou Add Add Add The	astal Protection and Restoration Fund dlife Habitat and Natural Heritage Trust Fund uisiana Cancer Trust Fund uisiana Pet Overpopulation Advisory Council uisiana Food Bank Association ke-A-Wish Foundation of the Texas Gulf Coast and Lou uisiana Association of United Ways / LA 2-1-1 erican Red Cross uisiana National Guard Honor Guard for Military Funeral	isiana s			
Lou Ma	uisiana State University Agricultural Center Grant Walkeddie's Footprints versity of New Orleans Foundation	er Educational Center (4-H Car	mp Grant Walker)		
	utheastern Louisiana University Foundation				



Louisiana Information (Page 2 of 2)

School Expenses Information:

Enter information for each qualified dependent:

* 1. Elementary & Secondary School2. Home Schooled3. Quality Public Education

Dependent Name	Name of School	*Deduction Code

Enter qualified expenses for each dependent listed above:

Tuition and Fees	School Uniforms	Textbooks or Other Inst. Material	Supplies

nter Any Addit	tional Louisiana Ir	nformation:			



Maine Information (Page 1 of 2)

General Information	:			
Are you engaged in cor	mmercial farming or fishing?			Yes No
Enter the amount of In	ternet or out of state purchases for wh	nich you did not pay sales tax		
Residency Informati	ion:			From To (Mo/Da/Yr)
If you did not live in Ma	ine for all of 2023, enter the dates you	did live in Maine	· · · · · · · · · -	
Enter the state names	other than Maine where you had incom	ne		
ducation Savings:				
Did you or your spouse If Yes, enter the follo	make any contributions to a qualified s wing:	state tuition (Section 529) plan	account?	Yes No
TS Nam	e of Designated Beneficiary	Social Security Number	Account Number	. 2023 Amount Contributed
Endangered and No	vish to contribute on your 2023 tax ret ongame Wildlife Fund			
Maine Children's Tr	Sterilization Fund			
	ly Relief Fund			
	emorial Cemetery Maintenance Fund			
Maine Public Library	•			
	go to the Maine Clean Election Fund? t \$3.00 to go to this fund?			
Park Passes:				
Number of park passes	s to be purchased:			
Individual park pas	s?			·····
Vehicle park pass?	·			· · · · · · · · · · · · · · · · · · ·





Property Tax Fairness Credit

Rent paid on your home		
Does rent paid include heat, utilities, furniture, snowplowing or similar items?	Yes	No
Was your rent reduced or paid in part by the government?		
Landlord's name and telephone number		
Did you or your spouse, if married, receive social security disability benefits or supplemental security income disability benefits in 2023?	Yes	No
Enter Any Additional Maine Information:		





Ge	neral Information:							
F	Political subdivision							
ŀ	f the political subdivision is not known, enter the County of residence on December 31, 2023				·			
	Incorporated city, town or taxing area on Dec	ember 31, 2	.023					
						ixpayer	Spouse	
	Do you qualify as totally disabled? Do you or will you have health care coverage at too the lift No, do you want to authorize the Comptroll this tax return with the Maryland Health Bodetermining pre-eligibility for low- or no-compared to the lift of the lift of low- or no-compared to the lift of	the time the er of Maryla enefit Excha	incom nd to s ange fo	e tax return is filed? share information fro or the purpose of	om	Yes	Yes No	
	Are you or your spouse a member of the military Do all dependents that will be listed on the return coverage at the time the income tax return is	n have or wi	ll they	have health care		Yes [No No	
Res	sidency Information:				From		То	
ŀ	f you did not live in Maryland for all of 2023: Enter the dates you did live in Maryland				/lo/Da/Yı		o/Da/Yr)	
Е	 Enter the state names other than Maryland wher							
	Pennsylvania residents:							
	What is the name of your township?			<u></u>				
	What is the name of your county?			<u></u>				
ŀ	f you are a nonresident of Maryland, did you res your state of legal residency?	ide the full y	ear in		Yes	No	1	
Edu	cation Savings:							
	Did you or your spouse make any contributions to Trust or Maryland College Investment Plan Ac If Yes, enter the following:				Yes	No		
TS	Name of Designated Beneficiary	Type of	Plan	Social Security Number		Account I	Number	2023 Amount Contributed
Vol	untary Contributions:			,	•			,
Е	Enter the amount you wish to contribute on your	2023 tax re	turn to):				
	Chesapeake Bay and Endangered Species For Maryland Cancer Fund Developmental Disabilities Services and Support Fair Campaign Financing Fund	oort Fund						
Lor	ng-Term Care Insurance Information) :						
	Name of Insured		Age	Social Security Number	Re	elationship	to Taxpayer	Amount of Premium Paid



Maryland Information (Page 2 of 2)

Quality Teacher Incentive Credit:	Taxpayer	Spouse
If you are a Maryland teacher and qualify for this credit:		
Enter the amount of tuition paid		
Enter the amount of tuition reimbursement		
Enter Any Additional Maryland Information:		



Massachusetts Information (Page 1 of 2)

General Information:	
	Yes No
Has your name changed since filing your 2022 income tax return?	
Are you or your spouse a noncustodial parent?	
Would you like to choose the optional 5.85% tax rate?	
Did you or your spouse make voluntary paid family and medical leave contributions from self-employment i	
	<u></u>
If Yes, enter the amount	
Total purchases in 2023 subject to Massachusetts use tax	
Sales/use tax paid to other state or jurisdiction	
Та	axpayer Spouse
Yes	No Yes No
Do you qualify for the blind exemption?	
Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom,	
Iraqi Freedom, or Noble Eagle?	
laqi i reedotti, oi Nobie Lagie:	
Total paid for weekly/monthly commuter passes and FastLane tolls	
Decidence Information	From To
Residency Information:	(Mo/Da/Yr) (Mo/Da/Yr)
If you did not live in Massachusetts for all of 2023, enter the dates you did live in Massachusetts	· · ·
Enter the state names other than Massachusetts where you had income	
Voluntary Contributions:	
Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?	Yes No
Taxpayer	
Spouse	
Enter the amount you wish to contribute on your 2023 tax return to:	
Organ Transplant Fund	
Endangered Wildlife Conservation	
Massachusetts Public Health HIV and Hepatitis Fund	
Massachusetts United States Olympic Fund	
Massachusetts Military Family Relief Fund	
Homeless Animal Prevention and Care Fund	
Homeless Animal Prevention and Care Fund	
Rental Deduction Information:	



Massachusetts Information (Page 2 of 2)

Schedule HC Health Insurance Provider Information

Private or Other Government Provider				Тахра	ıyer					Spo	use	
Name of Insurance Company or Administrator or Other Provide	er						_					
Federal Identification Number of Insurance Company							_					
Subscriber Number												
Schedule HC Government - Subsidized Health Insurance									Taxpay	yer	Sp	ouse
Commonwealth Care ConnectorCare MassHealth Medicare Veterans Administration Program Enrollment Tri-Care Other (see instructions). Enter only name(s) of provider(s) above Applied for MassHealth or Commonwealth Care in 2023 and decommonwealth Care in 2023												
Months Covered by Health Insurance (if not all of 20		I	l	Ι.		Ι.		Ι.	Ι_		Т	T_ 1
Taxpayer Spouse	Jan	Feb	Mar —	Apr	May —	Jun	Jul —	Aug	Sep	Oct	Nov	Dec
Other Information								Тахра	ayer		Spou	ıse
Are you claiming an exemption from the requirement to purchase religious beliefs? Did you claim a religious exemption and receive medical health careful care	 are dur	 ing the	 taxabl	 e year'	?		<u> </u>	res	No		res	No
Monthly premium amount offered through employer's health insu	rance	olan										
Did your employer offer free health insurance? Did your employer offer a qualifying plan that cost less than 9.789 Are you a U.S. citizen or legal permanent resident alien? Do you authorize the DOR to share your Schedule HC with the Continuous Authority to appeal a penalty?	% of ho	ouseho nwealth	ld inco ı Health	me? . n Insur	 ance C	 onnect	 tor _					
Enter Any Additional Massachusetts Information:												
-												

Michigan Information (Page 1 of 3)



General Information:

En	ter your school district name					1		
						oayer		use
Ar	e you hemiplegic, paraplegic, or quadriplegic? e you totally and permanently disabled?					No	Yes	No
	e you deaf? d you receive pension or retirement benefits fro that was not covered by the federal SSA?	om employment wit	h a governmental ag					
	·							
VV	ere you born after 1956, retired as of January 1	i, 2013, and receive	ed benefits from SSA	a exempt employment?				
Ar	e you blind and own your own homestead?					Yes	No	
Ar	e you a veteran with a service-connected disab If Yes to above, enter percentage of disability					Yes	No	
Ar	e you a surviving spouse of a veteran decease					Yes	No	
Ar	e you a pensioned veteran, a surviving spouse	of such a veteran,	or on active			_		
	military duty?					Yes	No	
Ar	e you a surviving spouse of a nondisabled or n World War II, or World War I?	•				Yes	No	
Ho	ow many of your dependents: Are deaf? Are blind or disabled? Are qualified disabled veterans? Were stillborn and for which you received a C							
Die	d you incur expenses related to the Historic Pr	eservation Tax Cre	dit?			Yes	No	
En	ter the amount of Internet or out of state purch	nases for which you	ı did not pay sales ta	ax				
Resi	dency Information:		T From	axpayer To	Fror	Spou	ıse To	
lf y	ou did not live in Michigan for all of 2023, ente	•	(Mo/Da/Yr)		(Mo/Da		(Mo/Da	
En	ter the state names other than Michigan where		· · ·					
Educ	ation Savings:							
	you or your spouse make any contributions to 529 Advisor Plan account?	_	tion Savings Progran	-	Yes	No		
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Numbe	er		23 Amoui ontribute	





Voluntary Contributions:

American Red Cross Michigan Fund Animal Welfare Fund Children's Trust Fund - Prevent Child Abuse Michigan Military Family Relief Fund United Way Fund		
		Taxpayer Spouse Yes No Yes No
Do you wish to make a contribution on the 2023 return to the State	e Campaign Fund?	
roperty Tax Credit Information:	Residence #1	Residence #2
Date residency began if after 1/1/23 (Mo/Da/Yr) Date residency ended if before 12/31/23 (Mo/Da/Yr) Address of homestead: Street number and name City or township State ZIP code		
Taxable value of homestead if owned Current year property taxes Landlord, housing project or care facility: Name Street address City State		
ZIP code Number of months rented		
Monthly rent Total rent paid		
Non-homestead property tax millage		

Fa

County Code	Contract Number	Expiration Date (Mo/Da/Yr)	Joint Owner Name	Joint Owner Social Security Number	Partner's Share of Income





Home Heating Credit: County				
Are heating costs currently included in your rent payments? Do you want your name and address referred to other govern Do you and/or your spouse receive Supplemental Security In	Yes No Yes No Yes No			
If you and/or your spouse live in one of the following care fac Nursing home, adult foster care home, home for the aged of				
How much were you billed for heat between 11/1/22 - 10/31/ Number of persons sharing the home who are eligible to file a Are there any dependents being claimed on the return who d credit? Are there members of the household other than the taxpayer claimed on the return who qualify for the home heating cre	a claim do not qualify for the home heating , spouse, and dependents being	Yes No		
If Yes, provide the following:	Is the household memb	er a U.S. citizen or qualifie	d alien?	
	Name	Social Security Number	Age	Yes or No
				<u> </u>
Household Resources:				
Enter the amount you received for:				
Child support and foster care payments				
Worker's compensation, veteran's disability compensation	n and veteran's pension benefits			
Strike pay, SUB pay, long-term disability benefits and inco	ome protection insurance benefits	[
Trade Act of 1974 (TRA) benefits				
Gifts or expenses paid on your behalf				
Other Housel	hold Resources		Amo	unt
Enter Any Additional Michigan Information:		,		
Enter Any Additional Michigan Information.				



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 2	2023, enter the dates you di	id live in Minnesota .			
Enter the state names other than Minner	sota where you had income				
ducation Savings:				Yes	
Did you or your spouse make any contribution of Yes, enter the following:	utions to a qualified educati	ion savings account?			
TS Name of Designated	Beneficiary	Social Security Number	Account Nu	mber	2023 Amount Contributed
oluntary Contributions:					
Enter the amount you wish to contribute	on your 2023 tax return to	the Nongame Wildlife	Fund		
If you or your spouse wish to contribute	\$5.00 to a political party, se	elect one party:			
			ta Landina Can	E.C.	
Taxpayer: Republican Libertarian	Democratic/Farmer-L Legal Marijuana Now		roots - Legalize Can ral Campaign Fund	nabis	
Spouse: Republican Libertarian	Democratic/Farmer-L Legal Marijuana Now		roots - Legalize Can ral Campaign Fund	nabis	
LIDEITAITAIT	Legal Manjuana Now	Gener	al Campaign Fund		
Qualified School Expenses for Do	ependents:				
	Depende	ent 1	7	Depender	nt 2
Dependent's name			1		
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					



Minnesota Information (Page 2 of 3)

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 sti	illborn child.		
ong Term Care Insurance:			
If you had long term care insurance, list the policy owner, policy	y company name and policy number bel	low.	
Policy Owner	Policy Company Name		Policy Number
Taxpayer Spouse Joint			
Taxpayer Spouse Joint			
Property Tax Refund Information: Include all Certification	icates of Rent Paid and/or Statements	of Property Taxes	Payable in 2024
County of residence			
Are you living in a nursing home or other health care facility? Did you own AND occupy your homestead on BOTH January 2 Are you a mobile home owner who paid rent for property on whether the percent of your home that is NOT used for business of the samount of property tax refund received	2, 2023 and January 2, 2024?		<u>%</u>
Employer Transit Pass Credit: Did your business buy Transit passes to resell or give to your e	omnlovæes?		Yes No
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 qualiduring the year		Тахраусі	Оройзс
Enter the amount of interest paid on your or your spouse's quaduring the year	alified student loans		
Enter the original balance of your or your spouse's qualified stu	udent loans		





Enter Any Additional Minnesota Information:

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 -





2023	Missis
General Information:	

County of residence			· · · · · · · · · · · · · · · · · · ·		
Enter the amount of Internet or out of state purc	chases for which yo	u did not pay sales tax			
			Γ	From	То
Residency Information:			L	(Mo/Da/Yr)	(Mo/Da/Yı
If you did not live in Mississippi for all of 2023, e					
Enter the state names other than Mississippi wh	here you had income	e	· • • <u> </u>		
ducation Savings:				Yee.	
Did you or your spouse make any contributions to Program (MPACT) or Mississippi Affordable C				Yes	No
If Yes, enter the following:					
TS Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Numbe		023 Amount Contributed
		+			
oluntary Contributions:					
Enter the amount you wish to contribute on you					
Mississippi Military Family Relief Fund	• • • • • • • • • • • • • • • • • • • •				
Mississippi Wildlife Heritage Fund					
Mississiani Educational Fund					
Mississippi Educational Fund					
Mississippi Commission for Volunteer Servic	ce Fund				
Mississippi Burn Care Fund					
Mississippi Wildlife Fisheries and Parks Four	ndation				
Mississippi Wilding Fisheries and Farte Fest	idation				
Enter Any Additional Mississippi Inforn	mation:				
_					
<u> </u>					
					
 					
i e					





	eral Information:			
Co	unty of residence			
			Taxpayer S	Spouse s No
Do	you qualify as disabled?		🔲 📙 📙	
Are	you or your spouse qualify as a 100 percent disabled veter e you 60 years of age or older and did you receive surviving d you make contributions to a health care sharing ministry?	spouse social security ber	nefits? Yes N	0
Resid	dency Information:		xpayer	Spouse
	rou did not live in Missouri for all of 2023: Enter the dates you did live in Missouri Enter the dates you lived in the other state ter the state names other than Missouri where you had inco	·	(Mo/Da/Yr) (Mo/	rom To (Mo/Da/Yr)
Did (ation Savings: you or your spouse make any contributions to a Missouri S (MOST) account? If Yes, enter the following:	•		
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
	ntary Contributions: ter the amount you wish to contribute on your 2023 tax retu	urn to:		
	, , , , , , , , , , , , , , , , , , , ,			





Property Tax Information:

• •	
County or city where you paid real estate tax	
Enter the amounts you paid on your homestead to:	
Rental payments	
County real estate tax	
City real estate tax	
School tax	
Percent of real estate tax applicable to homestead	
Total number of acres	
If the homestead is used for business or rental purposes enter:	
Total number of rooms	
Number of rooms used for business or rental	
Did you own or occupy your home for the entire year	Yes No
nter Any Additional Missouri Information:	



Montana Information (Page 1 of 2)

General Information: Enter the number of exemptions for handicapped dependent ch	ildren	Taxpayer .	Spouse
Residency Information:		Fror (Mo/Da	
If you did not live in Montana for all of 2023, enter the dates you Enter the state names other than Montana where you had incom			
Education Savings:			
Did you or your spouse make any contributions to a Montana Far other state's qualified tuition (Section 529) plan that is not a p If Yes, enter the following:		g. a e.	No
TS Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
Voluntary Contributions:			
Enter the amount you wish to contribute on your 2023 tax return	ı to:	Taxpayer	Spouse
Nongame Wildlife Program			
Agriculture in Schools Child Abuse Prevention			
Military Family Relief Fund			
College Contribution Credit:			
TSJ Donat	ion(s) Made To		Total Amount
Elderly Homeowner/Renter Credit if Over Age 62:			
Number of months occupied Montana residence			
Rent paid			
Public assistance received			
Federal Tax Data:		Taxpayer	Spouse
Federal estimated tax payment paid in 2023			



Montana Information (Page 2 of 2)

Montana Medical Savings Account:	Taxpayer	Spouse
Beginning balance		
Contributions		
Earnings		
Ending balance		
Enter Any Additional Montana Information:		





3 enera	Il Information:			
Count	y of residence			
Schoo	ol district name			
Are yo	ou on active duty in the military?		Yes No	
Reside	ncy Information:		Fro (Mo/D	
If you	did not live in Nebraska for all of 2023, enter the dates	you did live in Nebraska		
Enter	the state names other than Nebraska where you had in	come		
ducati	on Savings:			
	u or your spouse make any contributions to a Nebraska	ı College Savings Program	Yes No	
	ount?es, enter the following:			
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
Jse Ta	x: the amount of Internet or out of state purchases for wh	ich vou did not nav sales tav		
/olunta	ary Contributions:			
	the amount you wish to contribute on your 2023 tax ret	turn to:		
Wi	Idlife Conservation Fund Donation			
Enter A	ny Additional Nebraska Information:			



New Hampshire Information (Page 1 of 2)

General Information:			Taxpayer	Spouse
			Yes No	Yes No
Do you qualify as disabled?				
If the IRS has made adjustments to your federal income tax retu have not been previously reported to New Hampshire, indicated				
Residency Information:			From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in New Hampshire for all of 2023, enter the dat live in New Hampshire	•		, , ,	
Enter the state names other than New Hampshire where you had	d income			
Passthrough Distributions Subject to Interest and	d Dividends Tax			
Payer's Name	Payer's ID	Entity Type	Amour	nt FSO
Other Nontaxable Interest and Dividends				
TSJ				
Payer's Name				
Payer's Identification Number		_		
Tax-Exempt Type				
Tax-Exempt Interest		_		



New Hampshire Information (Page 2 of 2)

Business General Information:	
Single Member LLC Name	
Department Identification Number	Yes No
Has the name changed since last year? If Yes, enter the former name	
Is this a final return?	
Business Activity Information:	
In what city and state are the books kept?	
What is the principal business activity?	
What country are the records kept in if not the U.S.?	
What is the state of incorporation?	
What year was your first New Hampshire business return filed?	·
Business Locations: In New Hampshire: City/Town Location of Factories, Sales O	Offices. Warehouses. Construction Sites
Outside New Hampshire:	
Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.
Enter Any Additional New Hampshire Information:	



New Jersey Information (Page 1 of 2)

General Information:		
County or municipality of residence		
How many dependents do you have attending college?		
Do you qualify as disabled?		Spouse Yes No
Enter the amount of Internet or out of state purchases for which		
Did you, your spouse, and all household members have insuranc the entire year? Attach all Forms 1095 received and/or any applicable exempt	Yes	No
Residency Information:		From To (Mo/Da/Yr)
If you did not live in New Jersey for all of 2023, enter the dates yo	ou did live in New Jersey	
Enter the state names other than New Jersey where you had inco		
Voluntary Contributions:		
Enter the amount you wish to contribute on your 2023 tax return		
Endangered and Nongame Species of Wildlife Conservation F		
USS New Jersey Educational Museum Fund		
Other contributions. Choose one fund from the list below and ent		
Fund	•	
Amount		
Other contribution funds:		
Drug Abuse Education Fund	Northern New Jersey Veterans Memorial Cer	notony Dovolopment Fund
Korean Veterans' Memorial Fund	New Jersey Farm to School and School Gard	-
Organ and Tissue Donor Awareness Education Fund	Local Library Support Fund	John Valla
NJ - AIDS Services Fund	ALS Association Support Fund	
Literacy Volunteers of America - New Jersey Fund	Fund for the Support of New Jersey Nonprof	fit Veterans Organizations
New Jersey Prostate Cancer Research Fund	New Jersey Yellow Ribbon Fund	
World Trade Center Scholarship Fund	Autism Programs Fund	
New Jersey Veterans Haven Support Fund	Boy Scouts Councils in New Jersey Fund	
Community Food Pantry Fund	NJ Memorials to War Veterans Maintenance Jersey Fresh Program Fund	Fund
Cat and Dog Spay/Neuter Fund New Jersey Lung Cancer Research Fund	NJ World War II Veterans' Memorial Fund	
Boys and Girls Clubs in New Jersey Fund	Meals on Wheels in New Jersey Fund	
NJ National Guard State Family Readiness Council Fund	New Jersey Pediatric Cancer Research Fund	i
American Red Cross - NJ Fund	Special Olympics New Jersey Fund	
Girl Scouts Councils in New Jersey Fund		
Homeless Veterans Grant Fund		
Leukemia and Lymphoma Society New Jersey Fund		
Do you want \$1 to go to the Gubernatorial Election Fund?		Taxpayer Spouse Yes No Yes No





Property Tax Reimbursement Application Information:	
Property tax paid on principal residence	
Rent paid on principal residence	
Enter Any Additional New Jersey Information:	
	_
	_



New Mexico Information (Page 1 of 2)

General Information:			
Enter the name of your Indian nation, tribe or pueblo for taxpa	yer	· · · · · · · · · · · · · · · · · · ·	
Enter the name of your Indian nation, tribe or pueblo for spous	se	<u> </u>	
Enter the amount of income earned on your reservation or pue	eblo by enrolled member		
Residency Information:		Fro (Mo/Da	m To a/Yr) (Mo/Da/Yr)
If you did not live in New Mexico for all of 2023, enter the date:	s vou did live in New Mexico		
Enter the state names other than New Mexico where you had	•		
Enter the state names of a fair non-monte more you had			
ducation Savings: Did you or your spouse make any contributions to a New Mexic If Yes, enter the following:	co Education Trust Fund acco		No
TS Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
New Mexico Housing Trust Fund Share with Wildlife Veterans' National Cemetery Fund Substance Abuse Education Fund			
Forest Re-leaf Program			
National Guard Member and Family Assistance Kids in Parks Education program			
ALS Research Fund			
Veteran's Enterprise Fund			
Lottery Tuition Fund			
Horse Shelter Rescue Fund			
Supplemental Senior Services			
Healthy Soil Program			
If you or your spouse wish to contribute \$2.00 to a political part	rty, specify a party:		
Taxpayer Democratic Republican	Libertarian Green	Better for America	Constitution
Spouse Democratic Republican	Libertarian Green	Better for America	Constitution



New Mexico Information (Page 2 of 2)

Property Tax Rebate:	Yes No
Were you present in New Mexico for at least six months in 2023?	
Homeowner: Enter the property tax amount billed for the calendar year for the taxpayer if 65 or older	
Renter: Enter the rent paid for the taxpayer if 65 or older	
Amount of workers' compensation received	
Did you receive any supplemental income?	Yes No
Did you receive rent assistance from a government agency?	
Enter Any Additional New Mexico Information:	





General Information:		
Resident county		
School district name		
School district code number		
	Taxpayer	Spouse
Driver's license document ID (if issued by NY)		
Did you make out of state, Internet or catalog purchases on which no sales tax was paid? If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY	Yes	No
Did you receive a property tax freeze credit?	Yes	No
If Yes, enter the amount Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and		7
Related Offenses, Corrupting the Government, or Defrauding the Government?	Yes	No
Permanent Home Address if Different from Mailing Address:		
Street		
Apartment number		
	•	
Foreign country		
Residency Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in New York state for all of 2023, enter the dates you did live in New York		
If you were not a resident of New York state for any of 2023, enter the number of days spent in the state		
Were you a part-year resident and received New York State income during nonresidency period?	Yes	No
If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse		
Do you still maintain these living quarters in New York?	Yes	No
Were New York State living quarters maintained for the entire year? Were you a New York City resident for only part of the taxable year?	Yes Yes	No No
were you a New York City resident for only part of the taxable year?	From	To
If Yes, enter the dates you did live in New York City	(Mo/Da/Yr)	(Mo/Da/Yr)
Warrange Verlage weithout for each good of the Association of		7 N.
Were you a Yonkers resident for only part of the taxable year?	Yes From	No
If Yes, enter the dates you did live in Yonkers	(Mo/Da/Yr)	(Mo/Da/Yr)
Did you live in a nursing home during 2023? Did you reside in public housing or other residence completely exempted from real property taxes in 2023?	Yes Yes	No No





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-	Aı.	\sim	tın	n	60	vin	qs:
ᆫ	uu	ıva	uu		Sa	V 11 1	чэ.

S	Name of Designa	ated Beneficiary	Social Security	Account Number	2023 Amount	
+	Name of Designa		Number	Account Number	Contributed	
+						
+						
			l l		l	
Vou	ıld you like to allocate some or al	l of your refund to a New York	529 College Savings Pro	gram?		
	code:	Davidina Number	Plan Code	Account Number	2023 Amount to	
552	- College Savings Program	Routing Number	Plati Code	Account Number	Contribute	
	Direct Plan					
553	- Advisor Guided College					
	Savings Program					
lur	ntary Gifts/Contributions	<u>.</u>				
	er the amount you wish to contri		to:			
	Return a Gift to Wildlife		Love Your	Library Fund		
	Missing and Exploited Children			nd		
	Breast Cancer Research			mily Fund		
	Alzheimer's Fund			nd		
	Olympic Fund (\$2 or \$4 if filing jo			vered Meals for Seniors		
	Prostate Cancer		Life Pass I	t On Fund		
	9/11 Memorial			Arts Fund		
	Volunteer Firefighting		ALS Resea	ALS Research and Education		
	Teen Health Education		School-Ba	sed Health Centers		
,	Veterans Remembrance		Gifts to Fo	od Banks Fund		
	Homeless Veterans		Leukemia, L	ymphoma, and Myeloma Fund .		
	Mental Illness Anti-Stigma		New York S	tate Campaign Finance Fund		
	Women's Cancers Fund		Firearm Vio	lence Research Fund		
	William B. Hoyt Memorial Childre		Retired an	d Rescued Thoroughbred		
	Trust Fund		Race H	lorse Aftercare		
	Substance Use Disorder Educati		Retired an	d Rescued Standardbred		
	Recovery Fund		Race F	lorse Aftercare		
	Recovery Fund			lorse Aftercare		
	Autism Fund		Gifts for th			



Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

	Job #1	Job #2
	T/S	T/S
Wages earned Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation Other nonworking days Days worked outside state/city Days worked at home Select state/city: NY, Yonkers or NY/Yonkers		
	Job #3	Job #4
	Job #3 T/S	Job #4 T/S
Wages earned		
Total days employed if less than full year		
Total days employed if less than full year		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked)		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation Other nonworking days		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation Other nonworking days Days worked outside state/city		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation Other nonworking days		





General Information:				
County of residence		· · · · · · · · · · · · · · · · · · ·		
Enter the amount of Internet or out of state purchases for which you did	l not pay sales tax			
	Spo	ouse		
Residency Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in North Carolina for all of 2023, enter the dates you did live in North Carolina				
Enter the state names other than North Carolina where you had income				
Voluntary Contributions:				
Enter the amount of your overpayment you wish to contribute on your 20 N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund Breast and Cervical Cancer Control Program				
Enter Any Additional North Carolina Information:				





Genera	al Information:			
Schoo	ol district name			
Reside	ncy Information:		Fro (Mo/Da	
If you	did not live in North Dakota for all of 2023, enter the da	tes you did live in North Dako	ta	
Enter	the state names other than North Dakota where you ha	d income	· · · · <u> </u>	
Nonre	esident and part-year only:			
Eı	nter the date you first received North Dakota income		(Mo/I	Da/Yr)
Did yo	ion Savings: u or your spouse make any contributions to a North Dak	kota College SAVE account?		No
TS	'es, enter the following: Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
		110111201		001111111111111111111111111111111111111
Enter	ary Contributions: the amount you wish to contribute on your 2023 tax ret atchable Wildlife Fund			
Ve	eterans' Postwar Trust Fund			
Tre	ees for North Dakota Program Trust Fund			
Enter A	Any Additional North Dakota Information:			





ìene	ral Information:			
Cou Ent	blic school district name unty of residence ter the amount of Internet or out of state purchases for wh not pay sales tax			
Resid	dency Information:		Fro (Mo/D	
	ou did not live in Ohio for all of 2023, enter the dates you ter the state names other than Ohio where you had incom			
duca	ation Savings:			
5	you or your spouse make any contributions to an Ohio Tui 29 Savings Plan account? • Yes, enter the following:			No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
\dashv				
	ter the amount you wish to contribute on your 2023 tax re Breast / Cervical Cancer Wishes for sick children			
	Wildlife species			
	Military injury relief			
	Ohio History fund			
	Natures preserves / Scenic rivers			
nter	Any Additional Ohio Information:			





General Information:

Q	ualified adoption expenses paid			
E	nter the amount of Internet or out of state purchases for wh	nich you did not pay sales tax		
Resi	dency Information:		Froi (Mo/Da	
lf	you did not live in Oklahoma for all of 2023, enter the dates	you did live in Oklahoma		
Е	nter the state names other than Oklahoma where you had in	ncome		
duc	ation Savings:			
	you or your spouse make any contributions to an Oklahom OklahomaDream 529 account?		`	No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
		Number		Contributed
\/_I.	mton. Contributions			
VOIU	ntary Contributions:			
Е	nter the amount you wish to contribute from your 2023 tax r	return refund to:		
	Support of Programs for Volunteers to Act as Court Appo	ointed Special Advocates for	Abused or Neglected Children	
	Support Programs for Regional Food Banks	•	•	
	YMCA Youth and Government Program			
	Support the Wildlife Diversity Fund			
	Public School Classroom Support Fund			
	Oklahoma Pet Overpopulation Fund			
	Support the Oklahoma AIDS Care Fund			
	Support Oklahoma Silver Haired Legislature and Alumni	Association Program		
Ent	er Any Additional Oklahoma Information:			



Oregon Information (Page 1 of 2)

					Taxpayer	Spouse
n.,	eral Information:				Yes No	Yes No
ָטכ	you qualify as disabled? .				. []	
	ou are a retired U.S. Govern					
	enter the payer's name and	dates you worked for th	e U.S. Government.			
J		Payer'	s Name		From (Mo/Da/Yr)	To (Mo/Da/Yr
\dagger					(IVIO/Da/11)	(IVIO/Da/ II
T						
_ . _					From	То
SIC	dency Information:				(Mo/Da/Y	
if ve	ou did not live in Oregon for	all of 2023, enter the dat	tes you did live in Oregon			
			d income			
	ation Savings:	· ·		· · · · · · · · · · · · · · · · · · ·		_
Cc	ation Savings:				Yes No	
id y	you or your spouse make an	v contributions to a 520	O O. II O N	work account?	. [] []
		iy continuutions to a 529	Oregon College Savings Net			
lf	f Yes, enter the following:	iy continuutions to a 529	Oregon College Savings Net			
	Name of Designated	Social Security	Portfolio Number	Account Nu	mber	2023 Amount
	,			Account Nu	mber	2023 Amount Contributed
	Name of Designated	Social Security		Account Nu	mber	
- 1	Name of Designated	Social Security		Account Nu	mber	
ur	Name of Designated Beneficiary	Social Security Number	Portfolio Number	Account Nu	mber	
s lur	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contributions	Social Security Number	Portfolio Number			
S lun	Name of Designated Beneficiary ntary Contributions: er the amount you wish to co	Social Security Number	Portfolio Number ax return to:	neimer's Disease Researd	ch	
s lur	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contribution Red Cross Oregon Historical Society	Social Security Number	Portfolio Number ax return to: Alz	neimer's Disease Researd Head Start Association	ch	
s lun	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contribution Red Cross Oregon Historical Society Prevent Child Abuse	Social Security Number	Portfolio Number ax return to: Alz OF	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis C	ch	
s lun	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contribution Red Cross Oregon Historical Society Prevent Child Abuse Habitat for Humanity	Social Security Number	Alz Sto	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Co p Domestic and Sexual V	chare	
S lum	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contribution and the contribution are the amount you wish to contribution and the contribution are the amount you wish to contribute a mount you wish to contribute a mo	Social Security Number	Alz OF	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Co p Domestic and Sexual N Military Assistance Prog	chare	
S lun	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contribution Red Cross Oregon Historical Society Prevent Child Abuse Habitat for Humanity Oregon Food Bank American Diabetes Associated	Social Security Number	Alt OF Ortion Number	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Co p Domestic and Sexual N Military Assistance Prog	chareyiolence	
S lur	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contribution Red Cross Oregon Historical Society Prevent Child Abuse Habitat for Humanity Oregon Food Bank American Diabetes Associated	Social Security Number	Alz OF Or OF	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Co p Domestic and Sexual N Military Assistance Prog	chare	
lun Ente	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contributions. American Red Cross Oregon Historical Society Prevent Child Abuse Habitat for Humanity Oregon Food Bank American Diabetes Associations	Social Security Number contribute on your 2023 to the security of Oregon	Alz OF Or Or Or Th	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Co p Domestic and Sexual N Military Assistance Prog egon Coast Aquarium	chare	
S lun	Name of Designated Beneficiary ntary Contributions: er the amount you wish to contributions. er the amount you wish to contributions. Oregon Historical Society Prevent Child Abuse Habitat for Humanity Oregon Food Bank American Diabetes Associated SMART St. Vincent de Paul Society Doernbecher Children's Hos The Salvation Army	Social Security Number contribute on your 2023 to the social security of Oregon of Or	Alz OF Or SC	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Copponestic and Sexual N Military Assistance Program Coast Aquarium LVE	chare	
S lum Enter	Name of Designated Beneficiary Intary Contributions: The reference of the amount you wish to complete the amount you wish to complete the amount you wish the amount you wish to complete the amount you wish the amount you	Social Security Number contribute on your 2023 to the security se	Portfolio Number ax return to: Alz OF Alt Str OF Or Or Or Or Or Or	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Coop Domestic and Sexual N Military Assistance Program Coast Aquarium LVE Post Nature Conservancy Egon Humane Society Egon Veteran's Home Egon Lions Sight & Hearin	ch are /iolence iram	
lum Ente	Name of Designated Beneficiary Intary Contributions: The reference of the amount you wish to complete the amount you wish to complete the amount you wish the amount you wish to complete the amount you wish to complete the amount you wish th	Social Security Number contribute on your 2023 to the security of Oregon of	Alz OF Or Or Or Or Sp	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Co p Domestic and Sexual V Military Assistance Program Coast Aquarium LVE Re Nature Conservancy regon Humane Society regon Veteran's Home regon Lions Sight & Hearing	ch are /iolence iram	
S lur	Name of Designated Beneficiary Intary Contributions: The reference of the amount you wish to complete the amount you wish to complete the amount you wish the amount you wish to complete the amount you wish the amount you	Social Security Number contribute on your 2023 to the security of Oregon of	Alz OF Or Or Or Or Or Sp Ca	neimer's Disease Researd Head Start Association ertina Kerr Kid's Crisis Co p Domestic and Sexual V Military Assistance Program Coast Aquarium LVE Nature Conservancy egon Humane Society egon Veteran's Home egon Lions Sight & Hearing	ch	





Enter Any Additional Oregon Information:			



Pennsylvania Information (Page 1 of 2)

Gen	eral	Information:	Taxpayer		Spouse
Da	aytime	telephone number (including area code)			
Ga	amblir	ng and lottery winnings			
Na	ame o	f county			
So	chool	district name			
	Note	e: If your school district has changed, update the scho	ool district shown above.		
Er		e amount of Internet or out of state purchases ervices for which you did not pay sales tax			
Resi	iden	cy Information:		Fror (Mo/Da	
lf :	you di	d not live in Pennsylvania for all of 2023, enter the date y	ou moved into or out of Pe		(Mo/Bu/11)
	Taxp	payer		· · · · · · · · · · · · · · · · · · ·	
	Spor	use			
duc	Taxp Spou Deperation	your spouse, and/or dependents have health insurance payer use endents n Savings: or your spouse make any contributions to a Pennsylvania r state's qualified tuition (Section 529) account?	a 529 College Savings Prog	ram or Yes	No
TS	If Ye	s, enter the following: Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
			Number		Contributed
		y Contributions: e amount that you wish to contribute on your 2023 tax re	eturn to:	Taxpayer	Spouse
	Wild Milita Gove Juve Ame PA C Pedi Vete	Reast Cancer Coalition's Refunds for Breast and Cervical Resource Conservation Fund	ion Awareness Trust Fund		
	TS	Name of Designated Beneficiary	Social Security Number	Account Number	Donation Amount





Sale of Residence Information:

If you sold your residence in 2023, enter the following	information about the sold residence:
Address	· • • •
City, state and ZIP code	· · · · · <u> </u>
Enter Any Additional Denneylyania Informat	tion.
Enter Any Additional Pennsylvania Informa	aon:



Rhode Island Information (Page 1 of 2)

eneral	Information:				
City or t	town of legal residence		· · · · <u> </u>		
esiden	cy Information:			From (Mo/Da/	
lf you d	id not live in Rhode Island for all of 2023, enter the da	tes you did live in Rhode Islar	nd		
Enter th	ne state names other than Rhode Island where you ha	d income	· · ·		
nsume	er Use Tax:				
Enter th	ne amount of Internet or out of state purchases for whi	ich you did not pay Rhode Isl	and sales tax		
Enter th	ne amount of use tax paid to another state				
Island	or your spouse make any individual purchases over \$ d sales tax?				Yes No
	Description		Amo	ount	Sales Tax Paid
	or your spouse make any contributions to a Tuition Sas, enter the following: Name of Designated Beneficiary	Social Security Number	Account Numl	ber	2023 Amount Contributed
luntar	y Contributions:				
Enter th	ne amount you wish to contribute on your 2023 tax ret	urn to:			
	-				
	adi anathan Anta				
	Wildlife Americanistics				
	hood Disease Victim's Fund and Substance Use and	Mental Health Leadership Co	uncil		
Milita	ary Family Relief Fund				
Do you	want to contribute to the Olympics?				Yes No
If you w	vish to contribute \$2.00 to a political party, specify a p	arty or select to contribute to	the nonpartisan gene	eral fund.	
	Democrat Republican		npartisan		
	Democrat nepublican	Moderate Nor	ιραιτισαιτ		





nter Any Additional Rhode Island Information:				





2023	

County			
Enter the amount of Internet or out of state purchases for	r which you did not pay sales tax		
		Yes	No
Did you or your spouse serve in a military combat zone d If Yes, enter the name of the combat zone			
esidency Information:		Fron (Mo/Da	
If you did not live in South Carolina for all of 2023, enter t Enter the state names other than South Carolina where y			
ucation Savings:			
Did you or your spouse make any contributions to a Sout Carolina Tuition Prepayment Program account? If Yes, enter the following:		9.4	No
Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
Enter the amount you wish to contribute on your 2023 ta: Endangered Wildlife Fund Children's Trust Fund Eldercare Trust Fund Veterans' Trust Fund Donate Life South Carolina First Steps to School Readiness Trust Fund War Between States Heritage Trust Fund Law Enforcement Assistance Program	Litter Con K-12 Publ State Parl Military Fa Conserva Financial I Associatio	amily Relief Fund tion Bank Trust Fund Literacy Trust Fund on of Habitat Affiliates nt of Natural Resources Fund	
State Forests Fund		nt of Archives and History .	
assroom Teacher Expenses Credit:	<u> </u>	, , , , , , , , , , , , , , , , , , ,	
	<u> </u>	, , , , , , , , , , , , , , , , , , ,	





General Infor	mation:			
	ember of an Indian nation or tribe, enter the name of the ion or tribe - Taxpayer			
Tribal enrollme	ent or census number - Taxpayer			- -
	unt of Internet or out of state purchases for which you			
Residency Int	formation:		(N	From To (Mo/Da/Yr)
	ive in Utah for all of 2023, enter the dates you did live anames other than Utah where you had income			
Education Sav	vings:		Yes	No
	spouse make any contributions to a my529 account de all Forms TC-675H and enter the following:	?		
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
Pamela Atk Kurt Oscar School Dis	ntributions: unt you wish to contribute on your 2023 tax return to: kinson Homeless Account son Children's Organ Transplant Account trict and Nonprofit School District Foundation f School District			
Governor's	und			
If you or your s	spouse wish to contribute to the Election Campaign F Democratic Republican Cons United Utah		a party: tarian Independent Ar	nerican
Spouse:	Democratic Republican Cons United Utah	stitution Liber	tarian Independent Ar	merican
Enter Any Ad	ditional Utah Information:			_





General Information:			
911 street address at end of 2023, if different than mailing address School district name			
Enter the amount of Internet or out of state purchases for which y	ou did not pay sales tax		
Did you and your spouse have full-year health care coverage?	 	Spouse Yes No	
Residency Information:		Fron (Mo/Da	
If you did not live in Vermont for all of 2023, enter the dates you d Enter the Canadian provinces or state names other than Vermont		· · · · · · · · · · · · · · · · · · ·	
Education Savings:		Yes	lo
Did you or your spouse make any contributions to a Vermont High- If Yes, enter the following:	er Education Investment I	Plan account?	
TS Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2023 tax return to Vermont Nongame Wildlife Fund Vermont Children's Trust Fund Vermont Veterans' Fund Green Up Vermont Fund			
Payments:			
If you sold real estate in Vermont and the buyer withheld Vermont withheld and include Form RW-171			
2023 nonresident estimated payments made on your behalf by a company, or S corporation. Include Schedule K-1VT			
Income Adjustments:			
Military pay when on active duty outside Vermont Months on active military duty			
Bond/note interest from VSAC Bond/note interest from Build America Bond/note interest from VT Telecommunication Authority Bond/note interest from VT Public Power Supply Authority			



Vermont Information (Page 2 of 4)

Tax Credits:

Charitable Housing Credit			
Qualified Sale of Mobile Home Park Credit			
Research & Development Credit			
Affordable Housing Credit			
Rehabilitation of Certified Historic Buildings Credit			
Historic Rehabilitation Credit			
Facade Improvement Credit			
Code Improvements Credit			
Entrepreneur's Seed Capital Fund Credit			
ousehold Income Information:			
·	Property Tax Adjustme	ent.	
ousehold Income Information: outer household income information if claiming either the Renter Rebate o	Property Tax Adjustme Taxpayer	ent. Spouse	All Others
ousehold Income Information:			All Others
ousehold Income Information: outer household income information if claiming either the Renter Rebate o			All Others
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare			All Others
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits			All Others
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation			All Others
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits			All Others
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent	Taxpayer		All Others
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support	Taxpayer	Spouse	
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support Name of person paid	Taxpayer	Spouse	
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support	Taxpayer	Spouse	
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support Name of person paid	Taxpayer	Spouse	Social Security
cousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support Name of person paid Social security number of person paid	Taxpayer	Spouse	
ousehold Income Information: Inter household income information if claiming either the Renter Rebate of Enter the amount you received from: Cash public assistance/welfare Veterans' benefits Workers' compensation Support money Child support and gifts of cash or cash equivalent Enter the amount you paid for child support Name of person paid	Taxpayer	Spouse	Social Security





omestead Declaration Information:	
Location of homestead if not current address	
SPAN (School Property Account Number) Percent of business use of dwelling	<u>%</u>
Percent of rental use of dwelling	
Are improvements of other buildings located on your parcel, other than the dwelling used for business or rented out? Are you the grantor and sole beneficiary of a revocable trust owning the property? Are you the life estate holder of the property? Are you the owner of homestead property crossing town boundaries? Are you residing in a dwelling owned by a related farmer?	
roperty Tax Adjustment Information:	
Enclose a copy of your property tax bill and/or Lister's Certific Enclose statement of school property tax allocable to your ho	cation of the homestead value and proof of payment. omestead from your land trust, cooperative or non-profit mobile home park.
Were you domiciled in VT all year? Do you anticipate selling your housesite on or before April 1, 2024?	Yes No
From 2023/2024 property tax bill:	
Housesite value Housesite education tax Housesite municipal tax	
Percent of ownership interest if not 100%	
Mobile home lot rent from Form LRC-147	
Allocated property tax from land trust, cooperative, or non-profit m	nobile home park from Form LRC-147:
Allocated education tax Allocated municipal tax	
Property tax from contiguous property if housesite has less than 2	2 acres:
Contiguous property education tax Contiguous property municipal tax	





orm RCC-146 Information:
SPAN (School Property Account Number)
Number of months rented
Physical address of rental on 12/31:
Street address
Apartment number/Unit
City
State
ZIP
County
Yes No
Was the rental unit shared with another adult?
Was the rent subsidized
nter Any Additional Vermont Information:





ner	al Information:						
City	or county of residence on January 1, 2024:						
Т	axpayer						
	Spouse						
				_			
Е	inter the amount of Internet or out of state po	urchases for which	you did not pay	Taxpay	/er		Spouse
	sales tax						
side	ency Information:		Tax	payer		Spo	use
	•		From	То	From		То
•	u did not live in Virginia for all of 2023, enter did live in Virginia	•	(Mo/Da/Yr)	(Mo/Da/Yr)	(Mo/Da	a/Yr)	(Mo/Da/Yr)
Ente	r the state names other than Virginia where y	you had income .					
uca	tion Savings:				Yes	No	
Did yo	ou or your spouse make any contributions to	a Virginia College	Savings Plan account?				
lf `	Yes, enter the following:		-				
	Name of Decimated Panaficians	Type of Dian	Social Security	A a a a un t Num	-hau	20	23 Amount
S	Name of Designated Beneficiary	Type of Plan	Number	Account Num	nber	С	ontributed
olunt	tary Contributions:						
	tary Contributions: r the amount you wish to contribute on your	2023 tax return to:		Тахрау	/er		Spouse
Ente	r the amount you wish to contribute on your				/er		Spouse
Ente V	r the amount you wish to contribute on your				/er		Spouse
Ente V V	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution				/er		Spouse
Ente V V	r the amount you wish to contribute on your irginia Nongame Wildlife Program	 n			/er		Spouse
Ente V V V	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program	 n			/er		Spouse
Ente V V V V E	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program filderly and Disabled Transportation Fund				/er		Spouse
Ente V V V E	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program filderly and Disabled Transportation Fund firginia Arts Foundation				/er		Spouse
Ente V V V E V	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program fiderly and Disabled Transportation Fund firginia Arts Foundation	n n 			/er		Spouse
Ente V V V E V C	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program filderly and Disabled Transportation Fund firginia Arts Foundation Open Space Recreation and Conservation Furthers and Conservation Fund Chesapeake Bay Restoration Fund	n n			/er		Spouse
Ente V V V E V C C	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program filderly and Disabled Transportation Fund firginia Arts Foundation fildpen Space Recreation and Conservation Fund firginia Arts Foundation fildpen fildpen for the Space Recreation Fund firginia Arts Fund (FACT)	n n			/er		Spouse
Ente V V V E V C C	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program filderly and Disabled Transportation Fund firginia Arts Foundation for Space Recreation and Conservation Fund family and Children's Trust Fund (FACT) firginia State Forests Fund	n n			/er		Spouse
Ente V V V E V C C F V	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program filderly and Disabled Transportation Fund firginia Arts Foundation Den Space Recreation and Conservation Fund family and Children's Trust Fund (FACT) firginia State Forests Fund	n			/er		Spouse
VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program Elderly and Disabled Transportation Fund firginia Arts Foundation Open Space Recreation and Conservation Fund firginia Arts Foundation Chesapeake Bay Restoration Fund family and Children's Trust Fund (FACT) firginia State Forests Fund firginia Federation of Humane Societies Gray and Neuter Fund	n			/er		Spouse
Entee VV VV VV CC CC FF VV VV SS CC	r the amount you wish to contribute on your ringinia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program Elderly and Disabled Transportation Fund firginia Arts Foundation Open Space Recreation and Conservation Fund family and Children's Trust Fund (FACT) firginia State Forests Fund firginia Federation of Humane Societies Spay and Neuter Fund Cancer Centers of Virginia	n			/er		Spouse
VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program filderly and Disabled Transportation Fund firginia Arts Foundation firginia Arts Foundation firginia Arts Foundation file file file file file file file file	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn			/er		Spouse
VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	r the amount you wish to contribute on your firginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program filderly and Disabled Transportation Fund firginia Arts Foundation for Space Recreation and Conservation Fund family and Children's Trust Fund (FACT) firginia State Forests Fund firginia Federation of Humane Societies final Rederation of Humane Societies for and Neuter Fund firginia Federation fund firginia Federation fund firginia Federation fund firginia Federation fund firginia firginia firginia firginia Federation fund firginia firginia fund firginia	nn			/er		Spouse
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Ente V V V V C C C C C C V V F	r the amount you wish to contribute on your riginia Nongame Wildlife Program Griginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program Glderly and Disabled Transportation Fund firginia Arts Foundation Open Space Recreation and Conservation Fund firginia Arts Foundation Open Space Recreation Fund Gramily and Children's Trust Fund (FACT) Griginia State Forests Fund Griginia Federation of Humane Societies Gray and Neuter Fund Cancer Centers of Virginia Children of America Finding Hope Griginia Military Family Relief Fund Gederation of Virginia Food Banks Public School Foundation Contribution	nn			/er		Spouse
Ente V V V V C C C C C C V V F	r the amount you wish to contribute on your riginia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program Elderly and Disabled Transportation Fund firginia Arts Foundation Open Space Recreation and Conservation Fund family and Children's Trust Fund (FACT) firginia State Forests Fund firginia Federation of Humane Societies Spay and Neuter Fund Cancer Centers of Virginia Children of America Finding Hope firginia Military Family Relief Fund firederation of Virginia Food Banks	nn			/er		Spouse
Ente V V V C C C F V V S S C C C P	r the amount you wish to contribute on your ringinia Nongame Wildlife Program firginia Democratic Party political contribution firginia Republican Party political contribution firginia Housing Program Elderly and Disabled Transportation Fund firginia Arts Foundation Open Space Recreation and Conservation Fund family and Children's Trust Fund (FACT) firginia State Forests Fund firginia Federation of Humane Societies Spay and Neuter Fund Cancer Centers of Virginia Children of America Finding Hope firginia Military Family Relief Fund federation of Virginia Food Banks Public School Foundation Contribution Foundation name(s)	nn			/er		Spouse





Enter Any Additional Virginia Information:



West Virginia Information (Page 1 of 2)

	eral Information:			
C	ounty of residence			
Do	o you qualify as permanently and totally disabled	?	Yes No	
	Taxpayer			
	Spouse			
Con	sumer Use Tax:			
Er	nter the amount of Internet or out of state purchas	ses for which you did not pay sales tax		
Er	nter the amount of purchase subject to municipal			
	nter the amount of use tax paid to another munici			
Er	nter the name of the municipality to which use tax	was paid		
Resi	idency Information:		Fro	
lt -	wou did not live in West Virginia for all of 2022, on	tor the dates you	(Mo/Da	a/Yr) (Mo/Da/Yr)
IT)	you did not live in West Virginia for all of 2023, en did live in West Virginia	ter the dates you		
Fr	nter the state names other than West Virginia whe		·	
	to the state names strot than west virgina with	no you had moome		
=du	cation Savings:			
Di	d you or your spouse make any contributions to a			
	Prepaid Tuition Trust Funds Account?			
	If Yes, enter the following:			
TS	Name of Designated Beneficiar	Social Security Number	Account Number	2023 Amount Contributed
		1141111231		
				1
·				
/olu	untani Contributione:			
/olu	intary Contributions:			
	untary Contributions: hter the amount you wish to contribute on your 20	023 tax return to:		
	nter the amount you wish to contribute on your 20 Children's Trust Fund			
	nter the amount you wish to contribute on your 20 Children's Trust Fund Department of Veterans Assistance			
	nter the amount you wish to contribute on your 20			
	nter the amount you wish to contribute on your 20 Children's Trust Fund Department of Veterans Assistance			
Er	nter the amount you wish to contribute on your 20 Children's Trust Fund Department of Veterans Assistance			
Er 「ax	ther the amount you wish to contribute on your 20 Children's Trust Fund	emetery		
Er T ax	nter the amount you wish to contribute on your 20 Children's Trust Fund	emetery Historic rel	nabilitated buildings investment	
Er No Ge	chiter the amount you wish to contribute on your 20 Children's Trust Fund	emetery Historic rel	nabilitated buildings investment	
Er No Ge	chiter the amount you wish to contribute on your 20 Children's Trust Fund	Historic redit	nabilitated buildings investment	
Er Nα Ge W	children's Trust Fund	Historic rel credit Qualified re investn	nabilitated buildings investment ehabilitated buildings nent credit	
Er Fax No Go W	children's Trust Fund	Historic rel credit _ Qualified re investn Natural ga	nabilitated buildings investment chabilitated buildings nent credit	
Err Fax No Go W W	children's Trust Fund	Historic rel credit Qualified re investn Natural ga Apprentice	nabilitated buildings investment ehabilitated buildings nent credit s liquids eship training tax credit	
Err Fax No Ge W W No Pc	children's Trust Fund Department of Veterans Assistance C. Donel C. Kinnard Memorial State Veterans Co Credits: on-family adoption credit eneral economic opportunity tax credit est Virginia environmental agricultural equipment credit est Virginia military incentive credit eighborhood investment program credit ost coal mine site business credit	Historic rel credit Qualified re investn Natural ga Apprentice Alternative	nabilitated buildings investment chabilitated buildings nent credit s liquids eship training tax credit full fax credit	
Err Fax No Ge W W No Pro	children's Trust Fund	Historic rel credit Qualified re investn Natural ga Apprentice Alternative Farm to fo	nabilitated buildings investment ehabilitated buildings nent credit s liquids eship training tax credit	





Senior Citizens Tax Credit for Property Tax Paid Information:

	Senior Citizen tax credit for property tax
	District
	District
	Map
	Parcel
	Sub-Parcel
	DD Assessmit
	PP Account
. .	
Pny	sician's Certification of Permanent and Total Disability:
	Did you file a physician's certification in prior years? Yes No
	Physician's name
	Physician's address
	Physician's city, state, ZIP or postal code, and country
	Physician's FEIN
Ente	er Any Additional West Virginia Information:



Wisconsin Information (Page 1 of 2)

Gen	eral Information:			
Er	ter the following information pertaining to where you live:			
	City	<u></u>		
	Village	· · · · · · · · · · · · · · · · · · ·		
	Town	<u></u>		
	County	· · · · · · · · · · · · · · · · · · ·		
	School district number	<u></u>	<u>—</u>	
	Date entered nursing home		<u>—</u>	
	Name of nursing home	· · · · · · · · · · · · · · · · · · ·		
Er	ter the amount of adoption fees, court costs, and legal fees re	elating to the adoption of a	child	
	ter the amount of human organ donation expenses relating to			
	ter the amount of Internet or out of state purchases for which		•	
	nount of rent paid on your primary residence during 2023:			
	To a landlord who paid for heat			
	T			
			Γ	From To
Resi	dency Information:			(Mo/Da/Yr) (Mo/Da/Yr)
lf :	you did not live in Wisconsin for all of 2023, enter the dates yo	ou did live in Wisconsin	· · · · · · · · · · · ·	
			F-	
Ar	e you a former resident moving back to Wisconsin?		L	Yes No
	ation Savings:			
	_	State Spansored College Se	vingo Program accoun	Yes No
	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following:	State-Sponsored College Sa	vings Program accoun	
Did	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following:	Social Security		t? 2023 Amount
	you or your spouse make any contributions to a Wisconsin S		vings Program accoun Account Numbe	t?
Did	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following:	Social Security		t? 2023 Amount
Did	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following:	Social Security		t? 2023 Amount
Did	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following:	Social Security		t? 2023 Amount
TS Dic	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following:	Social Security		t? 2023 Amount
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary	Social Security Number		t? 2023 Amount
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions:	Social Security Number	Account Numbe	t? 2023 Amount Contributed
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return	Social Security Number	Account Numbe	t? 2023 Amount Contributed
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources	Social Security Number	Account Numbe	t? 2023 Amount Contributed
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research	Social Security Number	Account Numbe	t? 2023 Amount Contributed
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund	Social Security Number	Account Numbe	t? 2023 Amount Contributed
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief	Social Security Number	Account Numbe	t? 2023 Amount Contributed
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief Second Harvest/Feeding America	Social Security Number	Account Numbe	t? 2023 Amount Contributed
TS	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief Second Harvest/Feeding America Red Cross WI Disaster Relief	Social Security Number	Account Number	t? 2023 Amount Contributed
TS Volu	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief Second Harvest/Feeding America	Social Security Number	Account Number	t? 2023 Amount Contributed
TS Volu Er	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief Second Harvest/Feeding America Red Cross WI Disaster Relief Special Olympics nestead Information:	Social Security Number	Account Number	t? 2023 Amount Contributed
TS Volu Er	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary Intary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief Second Harvest/Feeding America Red Cross WI Disaster Relief Special Olympics Destead Information: Sas your home used for nonhomestead or nonfarm purposes designed.	Social Security Number In to:	Account Number	t? 2023 Amount Contributed Yes No
TS Volu Er	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary Intary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief Second Harvest/Feeding America Red Cross WI Disaster Relief Special Olympics Interest Proceeding America Research Need Cross WI Disaster Relief Special Olympics Interest Proceeding America Research Need Information: Interest Proceed Information: Inter	Social Security Number In to: Suring the year?	Account Numbe	t? 2023 Amount Contributed Yes No
Volu Er W Is	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary Intary Contributions: Iter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief Second Harvest/Feeding America Red Cross WI Disaster Relief Special Olympics Interest Proceeding America Restead Information: Interest Proceeding America Interest Procedure America Interest Proce	Social Security Number In to: Suring the year? the nearest tenth)	Account Number	t? 2023 Amount Contributed Yes No
Volu Er W Is	you or your spouse make any contributions to a Wisconsin S If Yes, enter the following: Name of Designated Beneficiary Intary Contributions: ter the amount you wish to contribute on your 2023 tax return Endangered Resources Cancer Research Veterans Trust Fund Multiple Sclerosis Military Family Relief Second Harvest/Feeding America Red Cross WI Disaster Relief Special Olympics Interest Proceeding America Research Need Cross WI Disaster Relief Special Olympics Interest Proceeding America Research Need Information: Interest Proceed Information: Inter	Social Security Number In to: Suring the year? the nearest tenth) orks payment of any amoun	Account Number	t? 2023 Amount Contributed Yes No



Wisconsin Information (Page 2 of 2)

Medical Care Insurance
Enter the amount of medical care insurance you paid when you were not self-employed
If you were only employed for a partial year, enter number of weeks employed
Enter Any Additional Wisconsin Information:





General Information:

Enter the account identification number assigned by the city:				
Taxpayer				
Spouse				
	Tavr	payer	Snr	ouse
Residency Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not work in Kansas City for all of 2023, enter the dates you did work in Kansas City				
Business Information:				
Enter the physical address of the business:				
Taxpayer				
Spouse				
If you are no longer in business, enter the date the business closed:				
Taxpayer (Mo/Da/Yr)				
Spouse (Mo/Da/Yr)				
Enter Any Additional Kansas City Information:				



Michigan Cities Information (Page 1 of 2)

General Information:			
Name of city			
Township			
Other township			
Provide your present employer's:			
Name			
Address			
Provide your spouse's present employer's:			
Name			
Address			
Do you qualify as deaf? Do you qualify as disabled? Residency Information: Did you reside in this city for all of 2023?		es No From (Mo/Da/Yr)	To (Mo/Da/Yr)
Wages Earned in Other Cities:			
Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City
	1		

Michigan Cities Information (Page 2 of 2)



Voluntary Contributions:

C	
City of Albion	
City of Battle Creek	
United Way of Battle Creek Kalamazoo Region	
Battle Creek Active Charity of Choice *	
Big Rapids Community Pool	
Big Rapids Community Library	
Flint Indigent Water Fund	
American Flags for Veterans Graves in Grand Rapids	
Grand Rapids Children's Fund	
City of Hamtramck	
lonia Community Library	
onia Theater	
onia Youth Recreation Program	
Jackson Parks and Recreation Fund	
Lansing Police Problem Solving	
Lansing Hope Scholarship	
Lansing Homeless Assistance	
Muskegon Lakeshore Trail Improvements	
Muskegon Heights Street Improvements	
City of Pontiac	
Saginaw Annual Fireworks	
Walker Comstock Park Education Foundation	
Walker Grandville Education Foundation	
Walker Kenowa Hills Education Foundation	
Grayling Capital Improvement Fund	
Grayling Northern Market	
Grayling Main Street	
City of Benton Harbor	
East Lansing Parks, Stewardship & Conservation	
East Lansing Parks and Playgrounds	
East Lansing Recreational Youth Scholarships	
Muskegon Farmers Market	
Muskegon Dog Beach	
City of Port Huron * Include the legal name, address, and federal ID number of the chosen charity.	
molude the legal name, address, and rederal in number of the onosen charty.	Yes No
consider to describe your antire assument to the City of Chrinofield?	
you wish to donate your entire overpayment to the City of Springfield?	
Tou wish to donate your share everpayment to the only of opinighold.	
Any Additional Michigan Cities Information:	





Unincorporated Business Tax (UBT) General Information:

Business name
Street address
City and state
ZIP code
Foreign country
Nature of business or profession
Business telephone number (including area code)
Federal identification number
New York State sales tax identification number
Business email address
Did you file a 2021 New York City Unincorporated Business Tax return?
Did you file a 2022 New York City Unincorporated Business Tax return?
If you did not file prior year(s) New York City Unincorporated Business Tax return(s), state reason:
Date business began (Mo/Da/Yr)
Date business began (Mo/Da/Yr) If business terminated during 2023, enter the termination date (Mo/Da/Yr)
If business terminated during 2023, enter the termination date
If business terminated during 2023, enter the termination date
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If business terminated during 2023, enter the termination date





General Information:

Name of city		
Daytime telephone number (including area code)		
If you moved during 2023, enter the date you moved (Mo/Da/Yr)		
Principal business activity		
Taxpayer's account number		
Taxpayer's account type		
2022 filing address		
Are you an employee?	Yes	No
Are you a proprietor?		
Did you file a return for 2022?		
Did the IRS increase your tax liability for any prior year?		
If Yes, did you file an amended city return?		
Is your city of residence the same as your city of employment? Note: Include any dates you earned income in any city for any employer or business below. Is this your final return?		
If Yes, why?		
nter Any Additional Ohio City Information:		