



2023

General Information:

Name and address of present employer:

Taxpayer:

Spouse:

Name . . . Address City . . . State . . . ZIP Code Foreign Province/State/County Foreign Country Foreign Postal Code

Name . . . Address City . . . State . . . ZIP Code Foreign Province/State/County Foreign Country Foreign Postal Code

Residency Information:

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

If you did not live in Alabama for all of 2023, enter the dates you did live in Alabama Enter the state names other than Alabama for which you had income

Education Savings:

Did you or your spouse make any contributions to an Alabama Prepaid Affordable College Tuition Program or Alabama College Education Savings Program account? Yes No

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2023 Amount Contributed

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax: General use Automotive vehicles Farm machinery and equipment

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Senior Services Trust Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund Child Abuse Trust Fund Alabama Veteran's Program Alabama State Historic Preservation Fund Alabama Firefighters Annuity and Benefit Fund Cancer Research Institute USS Alabama Battleship Commission Alabama State Veterans Cemetery at Spanish Fort Foundation, Inc Foster Care Trust Fund Mental Health Alabama Breast & Cervical Cancer Program Victims of Violence Assistance Alabama Military Support Foundation Alabama Veterinary Medical Foundation Spay-Neuter Program Alabama Association of Rescue Squads Children First Trust Fund

Alabama Election Campaign Fund Contribution - Democratic Party - Republican Party





2023

Arizona Information

Residency Information:

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

If you did not live in Arizona for all of 2023, enter the dates you did live in Arizona

Enter the state names other than Arizona where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan?

If Yes, enter the following:

Table with columns: 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:

Table listing various funds such as Sustainable State Parks and Road Fund, Wildlife Fund, etc., with corresponding input boxes for contribution amounts.

Enter Any Additional Arizona Information:

Large empty box for providing additional information.



2023

**General Information:**

Number of developmentally disabled individuals . . . . . \_\_\_\_\_

Names of developmentally disabled individuals . . . . . \_\_\_\_\_

Type of disability . . . . . \_\_\_\_\_

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

Do you qualify as being deaf for personal credit purposes? . . . . .

Early Childhood Program certification number . . . . . \_\_\_\_\_

**Residency Information:**

<b>From (Mo/Da/Yr)</b>	<b>To (Mo/Da/Yr)</b>
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If you did not live in Arkansas for all of 2023, enter the dates you did live in Arkansas . . . . . \_\_\_\_\_

Enter the state names other than Arkansas where you had income . . . . . \_\_\_\_\_

**Education Savings:**

Did you or your spouse make any contributions to an Arkansas Tax Deferred Tuition Savings Program account? . . . . .  **Yes**  **No**

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed

**Check-Off Contribution:**

Enter the amount you wish to contribute on your 2023 tax return to:

Arkansas Disaster Relief Fund . . . . .	<input type="text"/>
Arkansas Game and Fish Foundation . . . . .	<input type="text"/>
Arkansas School for the Blind and Deaf . . . . .	<input type="text"/>
Baby Sharon's Children Catastrophic Illness Grant Program Trust Fund . . . . .	<input type="text"/>
Organ Donor Awareness Education Program . . . . .	<input type="text"/>
Military Family Relief Program . . . . .	<input type="text"/>
Arkansas Area Agencies on Aging . . . . .	<input type="text"/>
Newborn Umbilical Cord Initiative . . . . .	<input type="text"/>
Arkansas Brighter Future Fund Plan Account . . . . .	<input type="text"/>

**Enter Any Additional Arkansas Information:**




2023

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have full-year health care coverage?

Attach all Forms FTB 3895 and/or IRS 1095 received and any applicable exemption information.

Principal/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)

Residency 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 residence abbreviation
- Date of move (Mo/Da/Yr)
If you became a nonresident of California in 2023, enter - New state of residence abbreviation
- Date of move (Mo/Da/Yr)
If you were a California nonresident the entire year, enter your state of residence
How many days during 2023 were spent in California?
Did you own homes and/or properties in California during 2023?
If you were a prior resident of California, enter the date you moved back to California (Mo/Da/Yr)
If you were a prior resident of California, enter the date you left California (Mo/Da/Yr)

Voluntary Contributions: Enter the amount you wish to contribute on your 2023 tax return to the following funds:

California Seniors Special Fund
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund
Rare and Endangered Species Preservation Voluntary Tax Contribution Program
California Breast Cancer Research Voluntary Tax Contribution Fund
California Firefighters' Memorial Voluntary Tax Contribution Fund
Emergency Food for Families Voluntary Tax Contribution Fund
California Peace Officer Memorial Foundation Voluntary 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
Protect Our Coast and Oceans Voluntary Tax Contribution Fund
Keep Arts in School Voluntary Tax Contribution Fund
California Senior Citizen Advocacy Voluntary Tax Contribution Fund
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund
Rape Kit Backlog Voluntary Tax Contribution Fund
Suicide Prevention Voluntary Tax Contribution Fund
Mental Health Crisis Prevention Voluntary Tax Contribution Fund





2023

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay state sales or use tax

If you live in a special use tax district, enter the name of the district

Enter the amount of Internet or out of state purchases for which you did not pay special district sales or use tax

Residency Information:

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr) under Taxpayer

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr) under Spouse

If you did not live in Colorado for all of 2023, enter the dates you did live in Colorado

Enter the state names other than Colorado where you had income

Education Savings:

Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account?

Yes/No checkboxes

If Yes, enter the following:

Table with 5 columns: TS, Account Holder Name, Account Holder Social Security Number, Account Number, 2023 Amount Contributed

First-Time Home Buyer Savings Account Deduction:

Name of beneficiary

SSN of beneficiary

Name of bank or institution

Account number of the first-time home buyer account

Beginning of year balance in account

End of year balance in account







2023

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax:

Combine individual purchases less than \$300 each per category and enter the total purchase amount.

Table with 2 columns: Category (Luxury items, Computer and data processing services, Vessels, motors for vessels, or trailers to transport vessels, Other purchases) and Amount.

For any amounts entered, include the date of purchase, description, purchase price, and tax paid.

Residency Information:

Table with 4 columns: Taxpayer (From, To), Spouse (From, To), all in (Mo/Da/Yr) format.

If 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

Enter the state names other than Connecticut where you had income

Education Savings:

Yes/No checkboxes

Did you or your spouse make any contributions to a Connecticut Higher Education Trust (CHET) account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, CHET Account Number, 2023 Amount Contributed.

Nonresident and Part-Year Resident Employee Apportionment Worksheet Information:

If your employment required you to perform services both inside and outside Connecticut and you do not know the actual amount of income you earned in Connecticut and you were an employee who was compensated, complete the information below:

Table with 2 columns: Description (Basis for apportionment, Days/sales/miles outside Connecticut, Days/sales/miles inside Connecticut, Nonworking days, Total income being apportioned) and Amount.

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Table with 2 columns: Fund Name (AIDS Research Education Fund, Organ Transplant Fund, Endangered Species/Wildlife Fund, Breast Cancer Research Fund, Safety Net Services Fund, Military Family Relief Fund, Connecticut Higher Education Trust (CHET) Baby Scholar Fund, Mental Health Community Investment Account) and Amount.





2023

# Delaware Information

## General Information:

Taxpayer

Spouse

Business telephone number (including area code) \_\_\_\_\_

Do you qualify as permanently disabled?  Yes  No

Yes  No

## Residency Information:

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

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

If you did not live in Delaware for all of 2023, enter the dates you did live in Delaware \_\_\_\_\_

Enter the state names other than Delaware where you had income \_\_\_\_\_

## Voluntary 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 Preservation 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

Veteran's Trust Fund

Protecting DE's Children Fund

Food Bank of Delaware

Delaware Habitat for Humanity

B+ Childhood Cancer Foundation

Beau Biden Fund

Combined Campaign for Justice

## Enter Any Additional Delaware Information:




2023

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If you did not live in the District of Columbia for all of 2023, enter the dates you did live in the District of Columbia

Enter the state names other than the District of Columbia where you had income

Education Savings:

Yes	No
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Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account? If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed

Property Tax Credit Information:

TS

Enter the amount of annual rent paid

What type of property is the property tax credit for? House Apartment Rooming house Condominium Cooperative

Landlord's information:

Name Address Apartment number City, state and ZIP code Telephone number

Business Credits

Organ and Bone Marrow Donor Credit Job Growth Incentive Act Credit Amount of homeownership assistance provided to eligible employees Number of eligible employees

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to: Tax-Payer Support for Afterschool Programs for At-Risk Students DC Statehood Delegation Fund Anacostia River Cleanup and Protection Fund



2023

Disability Income Exclusion Information:

Yes	No

Were you physically or mentally impaired on January 1, 2023? .....

Is your disability expected to last 12 months or more? .....

Did you file a physician's certification in prior years? .....

TS _____	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 Claim 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/Yr) .....

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Yes	No

Did you and all household members have health insurance coverage for the entire year? .....

If No, did you or any household members qualify for an exemption? .....

If Yes, enter the applicable exemption. \_\_\_\_\_

If No, indicate which months you and/or your household members did not have health insurance coverage and did not have an exemption.

Household Member Names	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
_____	---	---	---	---	---	---	---	---	---	---	---	---
_____	---	---	---	---	---	---	---	---	---	---	---	---
_____	---	---	---	---	---	---	---	---	---	---	---	---

Enter Any Additional District of Columbia Information:

_____
_____





2023

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 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?  Yes  No

    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?  Yes  No

    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?  Yes  No

    If No, enter the reason for not withholding DC income tax \_\_\_\_\_

Did you file a DC franchise tax return for the business for 2022?  Yes  No

    If No, enter the reason for not filing a DC franchise tax return \_\_\_\_\_

Did you file an annual ballpark fee return?  Yes  No

Has the IRS made or proposed any adjustments to your 2023 income tax return, or did you file any amended federal income tax returns?  Yes  No









2023

**General Information:**

Taxpayer Disability Information:

Type .....  
Date ..... (Mo/Da/Yr) .....

Spouse Disability Information:

Type .....  
Date ..... (Mo/Da/Yr) .....

**Residency Information:**

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

If you did not live in Georgia for all of 2023, enter the dates you did live in Georgia .....

**Education Savings:**

Yes	No
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Did you or your spouse make any contributions to a Georgia Path2College 529 Plan account? .....

If Yes, enter the following:

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:

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 .....	
Public Safety Memorial Grant .....	

**Enter Any Additional Georgia Information:**




2023

**General Information:**

County of residence .....

Jury duty pay returned to employer .....

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify as deaf or disabled? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Residency Information:**

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

If you did not live in Hawaii for all of 2023, enter the dates you did live in Hawaii .....

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

**Voluntary Contributions:**

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$5 to the Hawaii Public Libraries Fund? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Low-Income Household Renters:**

Address .....

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

Dates occupied .....

Owner's name .....

Owner's address .....

Owner's tax ID number .....

Enter total rent paid .....

**Enter Any Additional Hawaii Information:**




2023

# Idaho Information

## General Information:

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you disabled and age 62, 63 or 64? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you the unmarried widow of a retired U.S. Civil Service employee, U.S. Military Serviceman, Idaho fireman or Idaho policeman? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount of Internet or out of state purchases for which you did not pay sales tax ..	<input type="text"/>		<input type="text"/>	

## Residency Information:

	Taxpayer		Spouse	
	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Idaho for all of 2023, enter the dates you did live in Idaho .....	_____	_____	_____	_____
Enter the state names other than Idaho where you had income .....	_____		_____	

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you a resident on active military duty? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a military nonresident? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Education Savings:

	Yes	No
Did you or your spouse make any contributions to a Idaho College Savings Program account? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the following:		

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:

Nongame Wildlife Conservation Fund .....	<input type="text"/>
Idaho Guard and Reserve Family Support Fund .....	<input type="text"/>
Children's Trust Fund/Child Abuse Prevention .....	<input type="text"/>
Special Olympics Idaho .....	<input type="text"/>
Idaho Food Bank .....	<input type="text"/>
Veterans Support Fund .....	<input type="text"/>
Opportunity Scholarship Program .....	<input type="text"/>
American Red Cross of Idaho Fund .....	<input type="text"/>

## Enter Any Additional Idaho Information:




2023

General Information:

County of residence

Enter the total property tax paid applicable to the personal residence

Property index number

County name

Enter the amount of general merchandise for which you did not pay any sales tax

Enter the amount of qualifying food, non-prescription drugs and medical appliances for which you did not pay any sales tax

Are you a member, shareholder, partner, beneficiary, or owner of an LLC or other organization that holds a medical cannabis cultivation center or medical cannabis dispensary registration? Do you or your spouse have income from the sale of assets owned by a gaming licensee?

Enter the amount of Illinois income tax you withheld from a household employee

Residency Information:

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

If you did not live in Illinois for all of 2023, enter the dates you did live in Illinois Enter the state names other than Illinois where you had income

Education Savings:

Did you or your spouse make any contributions to a Bright Start College Savings Program, Bright Directions College Savings Program, or College Illinois Prepaid Tuition Program? If Yes, enter the following:

Table with 7 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2023 Amount Contributed, X. Includes a checkbox for 'X if contribution was a gift'.

ABLE Savings Account:

Did you or your spouse make any contributions to a qualified Illinois ABLE savings account? If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2023 Amount Contributed, X. Includes a checkbox for 'X if contribution was a gift'.

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to the following funds: Wildlife Preservation Fund, Alzheimer's Disease Research, Care, and Support Fund, Assistance to the Homeless Fund, Diabetes Research Fund, Hunger Relief Fund, Ronald McDonald House Charities Fund, 100 Club of Illinois Fund





2023

General Information:

Taxpayer

Spouse

County of residence

County of employment

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

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

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

If you did not live in Indiana for all of 2023, enter the dates you did live in Indiana

Enter the state names other than Indiana where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to an Indiana CollegeChoice 529 Education Savings Plan?

If Yes and you made contributions for the purpose of paying for qualified higher education expenses, enter the following:

Table with 5 columns: TS, Taxpayer or Spouse is not the Account Owner, Name of Designated Beneficiary, Social Security Number, Account Number, 2023 Amount Contributed

If Yes and you made contributions for the purpose of paying for K-12 tuition expenses, enter the following:

Table with 5 columns: TS, Taxpayer or Spouse is not the Account Owner, 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:

Table with 2 columns: Fund Name, Amount

Deductions and Credits:

Taxpayer

Spouse

Enter the amount of Indiana lottery winnings

If you made a contribution during 2023 to an Indiana college or university, enter the following information:

Table with 3 columns: Name of College or University, Date, Amount







2023

General Information:

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

School district number \_\_\_\_\_

Has your name or address changed since filing last year's return?  Yes  No

Taxpayer

Spouse

Tuition and textbook expenses for Grades K-12 \_\_\_\_\_

Residency Information:

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

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

If you did not live in Iowa for all of 2023, enter the dates you did live in Iowa \_\_\_\_\_

Enter the state names other than Iowa where you had income \_\_\_\_\_

Education Savings:

Did you or your spouse make any contributions to a College Savings Iowa or Iowa Advisor 529 Plan account?  Yes  No

If Yes, enter the following:

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:

Fish and Game Protection Fund	
Iowa State Fair Foundation	
Child Abuse Prevention Program Fund	
Veterans Trust Fund/Volunteer Fire Fighter Preparedness Fund	

Iowa Itemized Deductions:

Taxpayer

Spouse

Enter the amount of expenses incurred for the care of a disabled relative \_\_\_\_\_

Enter any adoption expenses \_\_\_\_\_



2023

**Federal Tax Data:**

Iowa deduction for federal taxes		<input type="text"/>
Federal tax liability		<input type="text"/>
Total federal other taxes		<input type="text"/>
Federal estimated tax paid in 2022		<input type="text"/>
Federal estimated tax applied from 2021 overpayment		<input type="text"/>
Federal estimated tax paid in 2023		<input type="text"/>
Amount paid with request for federal extension		<input type="text"/>
Amount paid for federal balance due (less interest and penalties)		<input type="text"/>
Federal earned income credit		<input type="text"/>
Federal additional child tax credit		<input type="text"/>
Federal American opportunity credit		<input type="text"/>
Federal net premium tax credit		<input type="text"/>
Federal excess Social Security tax withheld		<input type="text"/>
Credit for federal tax on fuels		<input type="text"/>
Other refundable federal tax credits		<input type="text"/>
	<input type="text" value="Taxpayer"/>	<input type="text" value="Spouse"/>
Iowa net income	<input type="text"/>	<input type="text"/>
Federal income not subject to withholding	<input type="text"/>	<input type="text"/>
Federal SE tax	<input type="text"/>	<input type="text"/>
Federal income tax withheld	<input type="text"/>	<input type="text"/>

**Enter Any Additional Iowa Information:**




2023

General Information:

County .....

School district number .....

Enter the amount of Internet or out of state purchases for which you did not pay sales tax .....

Residency Information:

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

If you did not live in Kansas for all of 2023, enter the dates you did live in Kansas .....

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

Education Savings:

Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2023 Amount Contributed

ABLE Savings Account:

Did you or your spouse make any contributions to an ABLE savings account? Yes No

If Yes, enter the following:

Table with 5 columns: 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:

Table with 2 columns: Contribution Name, Amount

Intangibles Tax Information:

City .....

Township .....

Do you qualify as being disabled or blind? Yes No

County .....



2023

**Homestead and Food Sales Tax Claim Information:**

Was any part of your homestead rented or used for business? .....

Do you want to send your 2024 homestead advancement to the county treasurer? .....

Is your property tax delinquent? .....

Are you filing as surviving spouse of a disabled veteran or an active duty service member who died in the line of duty? .....

Yes	No

If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer .....

Spouse .....

If you qualify as a disabled veteran, enter the date of your disability (Mo/Da/Yr): .....

**Household Income:**

Social security death benefits .....

SSI and SS disability income .....

Other veteran's pensions benefits .....

TAF payments, general assistance, worker's compensation, grants and scholarships .....

Other Household Income:

2023 Amount

Recipient	Source	2023 Amount

Other Exempt Income:

Description	2023 Amount

Please list any other members of the household that lived with you for an extended period during the tax year. Do not include your dependents.

Name	Date of Birth (Mo/Da/Yr)	Relationship	Number of Months in Household	Social Security Number

**Enter Any Additional Kansas Information:**




2023

## Kentucky Information

### General Information:

	Taxpayer	Spouse	
Are you a member of the National Guard? .....	Yes	No	Yes
	Yes	No	No
Enter the amount of Internet or out of state purchases for which you did not pay sales tax .....			

### 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	Spouse	
Do you wish to contribute to the Political Party Fund?	Yes	No	Yes
Democratic .....	Yes	No	No
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:




2023

# Louisiana Information (Page 1 of 2)

### General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

### Residency Information:

<b>From (Mo/Da/Yr)</b>	<b>To (Mo/Da/Yr)</b>

If you did not live in Louisiana for all of 2023, enter the dates you did live in Louisiana \_\_\_\_\_

Enter the state names other than Louisiana where you had income \_\_\_\_\_

### Education Savings:

<b>Yes</b>	<b>No</b>

Did you or your spouse make any contributions to a START Savings Program account? .....

If Yes, enter the following:

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:

- Military Family Assistance Fund .....
- Coastal Protection and Restoration Fund .....
- Wildlife Habitat and Natural Heritage Trust Fund .....
- Louisiana Cancer Trust Fund .....
- Louisiana Pet Overpopulation Advisory Council .....
- Louisiana Food Bank Association .....
- Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana .....
- Louisiana Association of United Ways / LA 2-1-1 .....
- American Red Cross .....
- Louisiana National Guard Honor Guard for Military Funerals .....
- Louisiana Horse Rescue Association .....
- Louisiana Coalition Against Domestic Violence .....
- Louisiana State Troopers Charities, Inc. ....
- Additional Donation to the Military Family Assistance Fund .....
- Additional Donation to Coastal Protection and Restoration Fund .....
- Additional Donation to Louisiana Food Bank Association .....
- The START Program .....
- Dreams Come True, Inc .....
- Sexual Trauma Awareness and Response (STAR) .....
- Louisiana State University Agricultural Center Grant Walker Educational Center (4-H Camp Grant Walker) .....
- Maddie's Footprints .....
- University of New Orleans Foundation .....
- Southeastern Louisiana University Foundation .....






2023

# Maine Information (Page 1 of 2)

## General Information:

Are you engaged in commercial farming or fishing?  Yes  No

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

## Residency Information:

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

If you did not live in Maine for all of 2023, enter the dates you did live in Maine \_\_\_\_\_

Enter the state names other than Maine where you had income \_\_\_\_\_

## Education Savings:

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan account?  Yes  No

If Yes, enter the following:

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:

Endangered and Nongame Wildlife Fund

Maine Children's Trust

Companion Animal Sterilization Fund

Maine Military Family Relief Fund

Maine Veterans' Memorial Cemetery Maintenance Fund

Maine Public Library Fund

Maine Children's Cancer Research Fund

Do you want \$3.00 to go to the Maine Clean Election Fund?  Yes  No

Does your spouse want \$3.00 to go to this fund?  Yes  No

## Park Passes:

Number of park passes to be purchased:

Individual park pass? \_\_\_\_\_

Vehicle park pass? \_\_\_\_\_







2023

General Information:

Political subdivision

If the political subdivision is not known, enter the county of residence and city, town, or taxing area:

County of residence on December 31, 2023

Incorporated city, town or taxing area on December 31, 2023

Taxpayer Spouse

Yes No Yes No

Do you qualify as totally disabled?

Do you or will you have health care coverage at the time the income tax return is filed?

If No, do you want to authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for low- or no-cost health care coverage?

Yes No Yes No

Are you or your spouse a member of the military?

Do all dependents that will be listed on the return have or will they have health care coverage at the time the income tax return is filed?

Yes No Yes No

Residency Information:

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

If you did not live in Maryland for all of 2023:

Enter the dates you did live in Maryland

Enter the other state of residence

Enter the state names other than Maryland where you had income

Pennsylvania residents:

What is the name of your township?

What is the name of your county?

If you are a nonresident of Maryland, did you reside the full year in your state of legal residency?

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account?

Yes No

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2023 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Table with 2 columns: Fund Name, Amount

Long-Term Care Insurance Information:

Table with 5 columns: Name of Insured, Age, Social Security Number, Relationship to Taxpayer, Amount of Premium Paid



2023

**Quality Teacher Incentive Credit:**

If you are a Maryland teacher and qualify for this credit:

Enter the amount of tuition paid .....

Enter the amount of tuition reimbursement .....

Taxpayer

Spouse

**Enter Any Additional Maryland Information:**

Large empty table area for entering additional Maryland information.



2023

General Information:

	<b>Yes</b>	<b>No</b>
Has your name changed since filing your 2022 income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a noncustodial parent? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to choose the optional 5.85% tax rate? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make voluntary paid family and medical leave contributions from self-employment income? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount .....	<input type="text"/>	
Total purchases in 2023 subject to Massachusetts use tax .....	<input type="text"/>	
Sales/use tax paid to other state or jurisdiction .....	<input type="text"/>	

	<b>Taxpayer</b>		<b>Spouse</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Do you qualify for the blind exemption? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total paid for weekly/monthly commuter passes and FastLane tolls .....	<input type="text"/>		<input type="text"/>	

Residency Information:

	<b>From</b>	<b>To</b>
	<b>(Mo/Da/Yr)</b>	<b>(Mo/Da/Yr)</b>
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?	<b>Yes</b>	<b>No</b>
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount you wish to contribute on your 2023 tax return to:		
Organ Transplant Fund .....	<input type="text"/>	
Endangered Wildlife Conservation .....	<input type="text"/>	
Massachusetts Public Health HIV and Hepatitis Fund .....	<input type="text"/>	
Massachusetts United States Olympic Fund .....	<input type="text"/>	
Massachusetts Military Family Relief Fund .....	<input type="text"/>	
Homeless Animal Prevention and Care Fund .....	<input type="text"/>	

Rental Deduction Information:

Name of landlord .....

---

Rent paid .....



2023

Schedule HC Health Insurance Provider Information

Private or Other Government Provider

Taxpayer

Spouse

Name of Insurance Company or Administrator or Other Provider

Federal Identification Number of Insurance Company

Subscriber Number

Schedule HC Government - Subsidized Health Insurance

Taxpayer

Spouse

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 denied

Vertical grid for Taxpayer

Vertical grid for Spouse

Months Covered by Health Insurance (if not all of 2023)

Table with columns for months (Jan-Dec) and rows for Taxpayer and Spouse.

Other Information

Taxpayer

Spouse

Are you claiming an exemption from the requirement to purchase health insurance based on sincerely held religious beliefs?
Did you claim a religious exemption and receive medical health care during the taxable year?

Yes/No grid for Taxpayer

Yes/No grid for Taxpayer

Yes/No grid for Spouse

Yes/No grid for Spouse

Certificate number if you obtained a Certificate of Exemption issued by the Health Insurance Connector

Monthly premium amount offered through employer's health insurance plan

Did your employer offer free health insurance?
Did your employer offer a qualifying plan that cost less than 9.78% of household income?
Are you a U.S. citizen or legal permanent resident alien?
Do you authorize the DOR to share your Schedule HC with the Commonwealth Health Insurance Connector Authority to appeal a penalty?

Yes/No grid for Taxpayer

Yes/No grid for Taxpayer

Yes/No grid for Spouse

Yes/No grid for Spouse

Yes/No grid for Taxpayer

Yes/No grid for Taxpayer

Yes/No grid for Spouse

Yes/No grid for Spouse

Enter Any Additional Massachusetts Information:

Empty table for additional information



2023

General Information:

Enter your school district name

Form with checkboxes for questions about disability, pension, and military status. Includes columns for Taxpayer and Spouse (Yes/No).

Residency Information:

Form with tables for Taxpayer and Spouse residency dates (From/To Mo/Da/Yr) and state names.

Education Savings:

Form with Yes/No checkboxes for Michigan Education Savings Program contributions.

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2023 Amount Contributed.



2023

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

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 Campaign Fund? .....

Property Tax Credit Information:

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 . . . . .

Residence #1

Residence #2

Farmland Preservation Tax Credit Information:

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



2023

**Home Heating Credit:**

County \_\_\_\_\_

Are heating costs currently included in your rent payments?  Yes  No

Do you want your name and address referred to other government assistance programs?  Yes  No

Do you and/or your spouse receive Supplemental Security Income (SSI)?  Yes  No

If you and/or your spouse live in one of the following care facilities, please indicate which one:

Nursing home, adult foster care home, home for the aged or substance abuse center \_\_\_\_\_

How much were you billed for heat between 11/1/22 - 10/31/23?

Number of persons sharing the home who are eligible to file a claim \_\_\_\_\_

Are there any dependents being claimed on the return who do not qualify for the home heating credit?  Yes  No

Are there members of the household other than the taxpayer, spouse, and dependents being claimed on the return who qualify for the home heating credit?  Yes  No

If Yes, provide the following:

Is the household member a U.S. citizen or qualified alien?

Name	Social Security Number	Age	Yes or No
_____	_____	_____	_____
_____	_____	_____	_____

**Household Resources:**

Enter the amount you received for:

Child support and foster care payments

Worker's compensation, veteran's disability compensation and veteran's pension benefits

Strike pay, SUB pay, long-term disability benefits and income protection insurance benefits

Trade Act of 1974 (TRA) benefits

Gifts or expenses paid on your behalf

Other Household Resources	Amount
_____	_____
_____	_____

**Enter Any Additional Michigan Information:**






2023

Residency Information:

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

If you did not live in Minnesota for all of 2023, enter the dates you did live in Minnesota .....

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

Education Savings:

Yes	No
-----	----

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

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed

Voluntary 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, select one party:

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

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

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name .....		
Dependent's grade .....		
Qualified expenses .....	<input type="text"/>	<input type="text"/>
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 .....		



2023

**Credit for Parents of Stillborn Children:**

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

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

**Long Term Care Insurance:**

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

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

**Property Tax Refund Information:**

**Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2024**

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

Were you or your spouse disabled on or before December 31, 2023? .....

Are you living in a nursing home or other health care facility? .....

Did you own AND occupy your homestead on BOTH January 2, 2023 and January 2, 2024? .....

Are you a mobile home owner who paid rent for property on which it was located? .....

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

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

Enter the amount of property tax refund received

**Employer Transit Pass Credit:**

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

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

What amount was charged to employees for the passes?

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

**Student Loan Credit**

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

Enter the amount of interest paid on your or your spouse's qualified student loans during the year .....	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------

Enter the original balance of your or your spouse's qualified student loans .....	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------





2023

# Mississippi Information

### General Information:

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

Enter the amount of Internet or out of state purchases for which you did not pay sales tax \_\_\_\_\_

### Residency Information:

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

If you did not live in Mississippi for all of 2023, enter the dates you did live in Mississippi \_\_\_\_\_

Enter the state names other than Mississippi where you had income \_\_\_\_\_

### Education Savings:

Did you or your spouse make any contributions to a Mississippi Prepaid Affordable College Tuition Program (MPACT) or Mississippi Affordable College Savings (MACS) account?  Yes  No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2023 Amount Contributed

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Mississippi Military Family Relief Fund \_\_\_\_\_

Mississippi Wildlife Heritage Fund \_\_\_\_\_

Mississippi Educational Fund \_\_\_\_\_

Mississippi Commission for Volunteer Service Fund \_\_\_\_\_

Mississippi Burn Care Fund \_\_\_\_\_

Mississippi Wildlife Fisheries and Parks Foundation \_\_\_\_\_

### Enter Any Additional Mississippi Information:




2023

General Information:

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

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

Do you qualify as disabled? .....

Do you or your spouse qualify as a 100 percent disabled veteran? .....

Are you 60 years of age or older and did you receive surviving spouse social security benefits? .....

Did you make contributions to a health care sharing ministry? .....

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

Residency Information:

If you 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 .....

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

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Savings:

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account? .....

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

If Yes, enter the following:

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:

Children's Trust Fund .....	<input type="text"/>	Pediatric Cancer Research Trust Fund	<input type="text"/>
Veteran's Trust Fund .....	<input type="text"/>	American Heart Association Fund .....	<input type="text"/>
Elderly Home Delivered Meals Trust Fund	<input type="text"/>	Soldiers Memorial Military	<input type="text"/>
Missouri National Guard Trust Fund .....	<input type="text"/>	Museum in St. Louis Fund .....	<input type="text"/>
Workers' Memorial Fund .....	<input type="text"/>	Amyotrophic Lateral Sclerosis (ALS)	<input type="text"/>
Childhood Lead Testing Fund .....	<input type="text"/>	Fund .....	<input type="text"/>
American Cancer Society Heartland	<input type="text"/>	Arthritis Foundation Fund .....	<input type="text"/>
Division Inc., Fund .....	<input type="text"/>	March of Dimes Fund .....	<input type="text"/>
American Diabetes Association	<input type="text"/>	Muscular Dystrophy Association Fund	<input type="text"/>
Gateway Area .....	<input type="text"/>	National Multiple Sclerosis Society Fund	<input type="text"/>
Kansas City Regional Law Enforcement	<input type="text"/>	Missouri Military Family Relief Fund ..	<input type="text"/>
Memorial Foundation Fund .....	<input type="text"/>	General Revenue Fund .....	<input type="text"/>
Foster Care and Adoptive Recruitment and	<input type="text"/>	Donate Life Organ Donor Program Fund	<input type="text"/>
Retention Fund .....	<input type="text"/>	Missouri Medal of Honor Recipients Fund	<input type="text"/>



2023

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

Four stacked rectangular input boxes for tax amounts.

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

Enter Any Additional Missouri Information:

A large grid of 30 horizontal lines for entering additional information.



2023

General Information:

Taxpayer

Spouse

Enter the number of exemptions for handicapped dependent children

Residency Information:

From (Mo/Da/Yr)

To (Mo/Da/Yr)

If you did not live in Montana for all of 2023, enter the dates you did live in Montana

Enter the state names other than Montana where you had income

Education Savings:

Did you or your spouse make any contributions to a Montana Family Education Savings Program or other state's qualified tuition (Section 529) plan that is not a prepaid tuition plan?

Yes

No

If Yes, enter the following:

Table with 5 columns: 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:

Taxpayer

Spouse

- Nongame Wildlife Program
Agriculture in Schools
Child Abuse Prevention
Military Family Relief Fund

College Contribution Credit:

Table with 3 columns: TSJ, Donation(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

Federal income taxes paid in 2023 for 2022 and prior years









2023

# New Hampshire Information (Page 1 of 2)

## General Information:

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

Do you qualify as disabled? .....

If the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire, indicate which years .....

## Residency Information:

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

If you did not live in New Hampshire for all of 2023, enter the dates you did live in New Hampshire .....

Enter the state names other than New Hampshire where you had income .....

## Passthrough Distributions Subject to Interest and Dividends Tax

Payer's Name	Payer's ID	Entity Type	Amount	FSO

## Other Nontaxable Interest and Dividends

TSJ .....

Payer's Name .....

Payer's Identification Number .....

Tax-Exempt Type .....

Tax-Exempt Interest .....



2023

**Business General Information:**

Single Member LLC Name \_\_\_\_\_

Department Identification Number \_\_\_\_\_

Has the name changed since last year? \_\_\_\_\_

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

If Yes, enter the former name \_\_\_\_\_

Is this a final return? \_\_\_\_\_

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

**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? \_\_\_\_\_

What year was the business registered with the New Hampshire Secretary of State? \_\_\_\_\_

**Business Locations:**

**In New Hampshire:**

City/Town Location of Factories, Sales Offices, Warehouses, Construction Sites

**Outside New Hampshire:**

Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.

**Enter Any Additional New Hampshire Information:**




2023

General Information:

County or municipality of residence
How many dependents do you have attending college?

Do you qualify as disabled?

Table with columns Taxpayer (Yes/No) and Spouse (Yes/No)

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have insurance coverage for the entire year?

Yes No checkboxes

Attach all Forms 1095 received and/or any applicable exemption information.

Residency Information:

Table with columns From (Mo/Da/Yr) and To (Mo/Da/Yr)

If you did not live in New Jersey for all of 2023, enter the dates you did live in New Jersey
Enter the state names other than New Jersey where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

- Endangered and Nongame Species of Wildlife Conservation Fund
Children's Trust Fund
Breast Cancer Research Fund
Vietnam Veterans' Memorial Fund
USS New Jersey Educational Museum Fund

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2023 tax return:

Fund

Amount

Other contribution funds:

- Drug Abuse Education Fund
Korean Veterans' Memorial Fund
Organ and Tissue Donor Awareness Education Fund
NJ - AIDS Services Fund
Literacy Volunteers of America - New Jersey Fund
New Jersey Prostate Cancer Research Fund
World Trade Center Scholarship Fund
New Jersey Veterans Haven Support Fund
Community Food Pantry Fund
Cat and Dog Spay/Neuter Fund
New Jersey Lung Cancer Research Fund
Boys and Girls Clubs in New Jersey Fund
NJ National Guard State Family Readiness Council Fund
American Red Cross - NJ Fund
Girl Scouts Councils in New Jersey Fund
Homeless Veterans Grant Fund
Leukemia and Lymphoma Society New Jersey Fund
Northern New Jersey Veterans Memorial Cemetery Development Fund
New Jersey Farm to School and School Garden Fund
Local Library Support Fund
ALS Association Support Fund
Fund for the Support of New Jersey Nonprofit Veterans Organizations
New Jersey Yellow Ribbon Fund
Autism Programs Fund
Boy Scouts Councils in New Jersey Fund
NJ Memorials to War Veterans Maintenance Fund
Jersey Fresh Program Fund
NJ World War II Veterans' Memorial Fund
Meals on Wheels in New Jersey Fund
New Jersey Pediatric Cancer Research Fund
Special Olympics New Jersey Fund

Do you want \$1 to go to the gubernatorial election fund?

Table with columns Taxpayer (Yes/No) and Spouse (Yes/No)





2023

General Information:

Enter the name of your Indian nation, tribe or pueblo for taxpayer

Enter the name of your Indian nation, tribe or pueblo for spouse

Enter the amount of income earned on your reservation or pueblo by enrolled member

Residency Information:

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

If you did not live in New Mexico for all of 2023, enter the dates you did live in New Mexico

Enter the state names other than New Mexico where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a New Mexico Education Trust Fund account?

If Yes, enter the following:

Table with 5 columns: 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:

Table listing various funds like New Mexico Housing Trust Fund, Share with Wildlife, etc., with corresponding input boxes for contribution amounts.

If you or your spouse wish to contribute \$2.00 to a political party, specify a party:

Taxpayer [ ] Democratic [ ] Republican [ ] Libertarian [ ] Green [ ] Better for America [ ] Constitution

Spouse [ ] Democratic [ ] Republican [ ] Libertarian [ ] Green [ ] Better for America [ ] Constitution





2023

General Information:

Resident county

School district name

School district code number

Driver's license document ID (if issued by NY)

Taxpayer Spouse

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

Did you receive a property tax freeze credit?

If Yes, enter the amount

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government?

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City ZIP code

Foreign country

Residency Information:

From To (Mo/Da/Yr) (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?

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

Do you still maintain these living quarters in New York?

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 No Yes No Yes No

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

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year?

Yes No

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

If Yes, enter the dates you did live in Yonkers

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 No Yes No





2023

Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account? [Yes] [No]
If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2023 Amount Contributed

Would you like to allocate some or all of your refund to a New York 529 College Savings Program? [ ] [ ]

Plan code:
552 - College Savings Program Direct Plan
553 - Advisor Guided College Savings Program

Table with 4 columns: Routing Number, Plan Code, Account Number, 2023 Amount to Contribute

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Table listing various charitable organizations and their corresponding contribution amount input boxes.

Enter Any Additional New York Information:

Multiple empty horizontal lines for entering additional information.



2023

# New York - Worksheet

## 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	
T/S	____
Wages earned	<input type="text"/>
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 #2	
T/S	____
Wages earned	<input type="text"/>
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	
T/S	____
Wages earned	<input type="text"/>
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 #4	
T/S	____
Wages earned	<input type="text"/>
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	_____





2023

# North Dakota Information

**General Information:**

School district name \_\_\_\_\_

**Residency Information:**

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

If you did not live in North Dakota for all of 2023, enter the dates you did live in North Dakota \_\_\_\_\_

Enter the state names other than North Dakota where you had income \_\_\_\_\_

Nonresident and part-year only:

Enter the date you first received North Dakota income \_\_\_\_\_ (Mo/Da/Yr)

**Education Savings:**

Yes	No
-----	----

Did you or your spouse make any contributions to a North Dakota College SAVE account? .....

If Yes, enter the following:

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:

Watchable Wildlife Fund \_\_\_\_\_

Veterans' Postwar Trust Fund \_\_\_\_\_

Trees for North Dakota Program Trust Fund \_\_\_\_\_

**Enter Any Additional North Dakota Information:**




2023

# Ohio Information

## General Information:

Public school district name .....

County of residence .....

Enter the amount of Internet or out of state purchases for which you did not pay sales tax .....

## Residency Information:

If you did not live in Ohio for all of 2023, enter the dates you did live in Ohio .....

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

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

## Education Savings:

Did you or your spouse make any contributions to an Ohio Tuition Trust Authority CollegeAdvantage 529 Savings Plan account? .....

If Yes, enter the following:

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

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:

Breast / Cervical Cancer .....

Wishes for sick children .....

Wildlife species .....

Military injury relief .....

Ohio History fund .....

Natures preserves / Scenic rivers .....

Breast / Cervical Cancer	<input type="text"/>
Wishes for sick children	<input type="text"/>
Wildlife species	<input type="text"/>
Military injury relief	<input type="text"/>
Ohio History fund	<input type="text"/>
Natures preserves / Scenic rivers	<input type="text"/>

## Enter Any Additional Ohio Information:




2023

Oklahoma Information

General Information:

Qualifying disability deduction
Qualified adoption expenses paid
Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Three empty rectangular boxes for data entry.

Residency Information:

From (Mo/Da/Yr) and To (Mo/Da/Yr) input boxes.

If you did not live in Oklahoma for all of 2023, enter the dates you did live in Oklahoma
Enter the state names other than Oklahoma where you had income

Education Savings:

Did you or your spouse make any contributions to an Oklahoma 529 College Savings Plan or OklahomaDream 529 account?

Yes and No checkboxes.

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2023 Amount Contributed.

Voluntary Contributions:

Enter the amount you wish to contribute from your 2023 tax return refund to:

Support of Programs for Volunteers to Act as Court Appointed 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

Eight empty rectangular boxes for data entry.

Enter Any Additional Oklahoma Information:

Large empty rectangular area for additional information.



2023

General Information:

Do you qualify as disabled?
If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

Taxpayer Spouse Yes No Yes No

Table with 4 columns: TSJ, Payer's Name, From (Mo/Da/Yr), To (Mo/Da/Yr)

Residency Information:

If you did not live in Oregon for all of 2023, enter the dates you did live in Oregon
Enter the state names other than Oregon where you had income

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

Education Savings:

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?
If Yes, enter the following:

Yes No

Table with 6 columns: TS, Name of Designated Beneficiary, Social Security Number, Portfolio Number, Account Number, 2023 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Table with 3 columns: Organization Name, Amount, Amount

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Form with checkboxes for Taxpayer and Spouse across various political parties: Constitution, Republican, Democratic, Pacific Green, Independent, Progressive, Libertarian, Working Families







2023

General Information:

Taxpayer

Spouse

Daytime telephone number (including area code)

Gambling and lottery winnings

Name of county

School district name

Note: If your school district has changed, update the school district shown above.

Enter the amount of Internet or out of state purchases or services for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)

To (Mo/Da/Yr)

If you did not live in Pennsylvania for all of 2023, enter the date you moved into or out of Pennsylvania:

Taxpayer

Spouse

REV-1882, Health Insurance Coverage Information Request:

Did you, your spouse, and/or dependents have health insurance during the year?

Yes/No grid for health insurance

Taxpayer

Spouse

Dependents

Education Savings:

Did you or your spouse make any contributions to a Pennsylvania 529 College Savings Program or other state's qualified tuition (Section 529) account?

Yes/No grid for education savings

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2023 Amount Contributed

Voluntary Contributions:

Enter the amount that you wish to contribute on your 2023 tax return to:

- PA Breast Cancer Coalition's Refunds for Breast and Cervical Cancer Research Fund
Wild Resource Conservation Fund
Military Family Relief Assistance Program
Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund
Juvenile (Type 1) Diabetes Cure Research Fund
American Red Cross
PA Children's Trust Fund
Pediatric Cancer Research Fund
Veterans' Trust Fund
Pennsylvania 529 College Savings Program Account:

Taxpayer

Spouse

Input boxes for Taxpayer contributions

Input boxes for Spouse contributions

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, Donation Amount





2023

General Information:

City or town of legal residence .....

Residency Information:

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

If you did not live in Rhode Island for all of 2023, enter the dates you did live in Rhode Island .....

Enter the state names other than Rhode Island where you had income .....

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay Rhode Island sales tax .....

Enter the amount of use tax paid to another state .....

Did you or your spouse make any individual purchases over \$1,000 for which you did not pay Rhode Island sales tax? Yes No

If Yes, enter the following:

Description	Amount	Sales Tax Paid

Education Savings:

Did you or your spouse make any contributions to a Tuition Savings Program account? Yes No

If Yes, enter the following:

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:

Drug Program Account .....	
Organ Transplant Fund .....	
Council on the Arts .....	
Nongame Wildlife Appropriation .....	
Childhood Disease Victim's Fund and Substance Use and Mental Health Leadership Council .....	
Military Family Relief Fund .....	

Do you want to contribute to the Olympics? Yes No

If you wish to contribute \$2.00 to a political party, specify a party or select to contribute to the nonpartisan general fund.

Democrat     Republican     Moderate     Nonpartisan





2023

# South Carolina Information

## General Information:

County .....

Enter the amount of Internet or out of state purchases for which you did not pay sales tax .....

Did you or your spouse serve in a military combat zone during 2023? .....  
If Yes, enter the name of the combat zone .....

Yes	No
-----	----

## Residency Information:

If you did not live in South Carolina for all of 2023, enter the dates you did live in South Carolina .....  
Enter the state names other than South Carolina where you had income .....

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

## Education Savings:

Did you or your spouse make any contributions to a South Carolina College Investment Program or South Carolina Tuition Prepayment Program account? .....  
If Yes, enter the following:

Yes	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 to:

Endangered Wildlife Fund .....		Litter Control Enforcement Program ..	
Children's Trust Fund .....		K-12 Public Education Fund .....	
Eldercare Trust Fund .....		State Parks Fund .....	
Veterans' Trust Fund .....		Military Family Relief Fund .....	
Donate Life South Carolina .....		Conservation Bank Trust Fund .....	
First Steps to School Readiness Trust Fund ..		Financial Literacy Trust Fund .....	
War Between States Heritage Trust Fund ..		Association of Habitat Affiliates .....	
Law Enforcement Assistance Program .....		Department of Natural Resources Fund ..	
State Forests Fund .....		Department of Archives and History ..	

## Classroom Teacher Expenses Credit:

Amount spent on teacher supplies and materials .....  
Amount reimbursed from school or district .....

## Enter Any Additional South Carolina Information:




2023

General Information:

If you are a member of an Indian nation or tribe, enter the name of the Indian nation or tribe - Taxpayer
- Spouse

Tribal enrollment or census number - Taxpayer
- Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

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

If you did not live in Utah for all of 2023, enter the dates you did live in Utah
Enter the state names other than Utah where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a my529 account?
If Yes, include all Forms TC-675H and enter the following:

Table with 5 columns: 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:

Pamela Atkinson Homeless Account
Kurt Oscarson Children's Organ Transplant Account
School District and Nonprofit School District Foundation
Name of School District

Clean Air Fund
Governor's Suicide Prevention Fund

If you or your spouse wish to contribute to the Election Campaign Fund, please specify a party:

Taxpayer: Democratic Republican Constitution Libertarian Independent American
United Utah

Spouse: Democratic Republican Constitution Libertarian Independent American
United Utah

Enter Any Additional Utah Information:

Empty table for additional information



2023

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 you did not pay sales tax

Taxpayer Spouse Yes No Yes No

Did you and your spouse have full-year health care coverage?

Residency Information:

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

If you did not live in Vermont for all of 2023, enter the dates you did live in Vermont

Enter the Canadian provinces or state names other than Vermont where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Vermont Higher Education Investment Plan account?

If Yes, enter the following:

Table with 5 columns: 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:

Table with 2 columns: Fund Name, Amount

Payments:

If you sold real estate in Vermont and the buyer withheld Vermont income tax, enter the amount withheld and include Form RW-171

2023 nonresident estimated payments made on your behalf by a partnership, limited liability company, or S corporation. Include Schedule K-1VT

Income Adjustments:

Military pay when on active duty outside Vermont
Months on active military duty

Table with 2 columns: Source of Bond/note interest, Amount



2023

**Tax Credits:**

Charitable Housing Credit .....	<input type="text"/>
Qualified Sale of Mobile Home Park Credit .....	<input type="text"/>
Research & Development Credit .....	<input type="text"/>
Affordable Housing Credit .....	<input type="text"/>
Rehabilitation of Certified Historic Buildings Credit .....	<input type="text"/>
Historic Rehabilitation Credit .....	<input type="text"/>
Facade Improvement Credit .....	<input type="text"/>
Code Improvements Credit .....	<input type="text"/>
Entrepreneur's Seed Capital Fund Credit .....	<input type="text"/>

**Household Income Information:**

Enter household income information if claiming either the Renter Rebate or Property Tax Adjustment.

	Taxpayer	Spouse	All Others
Enter the amount you received from:			
Cash public assistance/welfare .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans' benefits .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workers' compensation .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Support money .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child support and gifts of cash or cash equivalent .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter the amount you paid for child support .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of person paid .....	_____	_____	_____
Social security number of person paid .....	_____	_____	_____

	Social Security Number
Others contributing to household income .....	





2023

**Homestead Declaration Information:**

Location of homestead if not current address \_\_\_\_\_

SPAN (School Property Account Number) \_\_\_\_\_

Percent of business use of dwelling \_\_\_\_\_ %

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?  Yes  No

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?

**Property Tax Adjustment Information:**

**Enclose a copy of your property tax bill and/or Lister's Certification of the homestead value and proof of payment.  
Enclose statement of school property tax allocable to your homestead from your land trust, cooperative or non-profit mobile home park.**

Were you domiciled in VT all year?  Yes  No

Do you anticipate selling your housesite on or before April 1, 2024?

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 mobile home park from Form LRC-147:

Allocated education tax \_\_\_\_\_  
Allocated municipal tax \_\_\_\_\_

Property tax from contiguous property if housesite has less than 2 acres:

Contiguous property education tax \_\_\_\_\_  
Contiguous property municipal tax \_\_\_\_\_





2023

General Information:

City or county of residence on January 1, 2024:

Taxpayer
Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Table with 2 columns: Taxpayer, Spouse

Residency Information:

Table with 4 columns: Taxpayer (From, To), Spouse (From, To)

If you did not live in Virginia for all of 2023, enter the dates you did live in Virginia

Enter the state names other than Virginia where you had income

Education Savings:

Did you or your spouse make any contributions to a Virginia College Savings Plan account?
If Yes, enter the following:

Yes No

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2023 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

- Virginia Nongame Wildlife Program
Virginia Democratic Party political contribution
Virginia Republican Party political contribution
Virginia Housing Program
Elderly and Disabled Transportation Fund
Virginia Arts Foundation
Open Space Recreation and Conservation Fund
Chesapeake Bay Restoration Fund
Family and Children's Trust Fund (FACT)
Virginia State Forests Fund
Virginia Federation of Humane Societies
Spay and Neuter Fund
Cancer Centers of Virginia
Children of America Finding Hope
Virginia Military Family Relief Fund
Federation of Virginia Food Banks
Public School Foundation Contribution
Foundation name(s)

Table with 2 columns: Taxpayer, Spouse

Public Library Foundation Contribution
Foundation name(s)

Table with 2 columns: Taxpayer, Spouse





2023

General Information:

County of residence .....

Do you qualify as permanently and totally disabled?

Yes No
Taxpayer
Spouse

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Enter the amount of use tax paid to another state
Enter the amount of purchase subject to municipal use tax
Enter the amount of use tax paid to another municipality
Enter the name of the municipality to which use tax was paid

Residency Information:

If you did not live in West Virginia for all of 2023, enter the dates you did live in West Virginia
Enter the state names other than West Virginia where you had income

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

Education Savings:

Did you or your spouse make any contributions to a West Virginia College Savings Plan and Prepaid Tuition Trust Funds Account?
If Yes, enter the following:

Yes No

Table with 5 columns: 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:
Children's Trust Fund
Department of Veterans Assistance
C. Donel C. Kinnard Memorial State Veterans Cemetery

Tax Credits:

Non-family adoption credit
General economic opportunity tax credit
West Virginia environmental agricultural equipment credit
West Virginia military incentive credit
Neighborhood investment program credit
Post coal mine site business credit
Donation or sale of vehicle to qualified charitable organizations
Small arms and ammunition manufactures credit
Historic rehabilitated buildings investment credit
Qualified rehabilitated buildings investment credit
Natural gas liquids
Apprenticeship training tax credit
Alternative-fuel tax credit
Farm to food bank tax credit
Conceal carry gun permit credit



2023

Senior Citizens Tax Credit for Property Tax Paid Information:

Senior Citizen tax credit for property tax . . . . .

District . . . . . \_\_\_\_\_

Map . . . . . \_\_\_\_\_

Parcel . . . . . \_\_\_\_\_

Sub-Parcel . . . . . \_\_\_\_\_

PP Account . . . . . \_\_\_\_\_

Physician'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 . . . . . \_\_\_\_\_

Enter Any Additional West Virginia Information:

Large empty rectangular box with horizontal lines for entering additional information.



2023

General Information:

Enter the following information pertaining to where you live:

City
Village
Town
County
School district number
Date entered nursing home
Name of nursing home

Enter the amount of adoption fees, court costs, and legal fees relating to the adoption of a child
Enter the amount of human organ donation expenses relating to the donation of a human organ
Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Amount of rent paid on your primary residence during 2023:
To a landlord who paid for heat
To a landlord who did not pay for heat

Residency Information:

If you did not live in Wisconsin for all of 2023, enter the dates you did live in Wisconsin
Are you a former resident moving back to Wisconsin?

Education Savings:

Did you or your spouse make any contributions to a Wisconsin State-Sponsored College Savings Program account?
If Yes, enter the following:

Table with 5 columns: 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:
Endangered Resources
Cancer Research
Veterans Trust Fund
Multiple Sclerosis
Military Family Relief
Second Harvest/Feeding America
Red Cross WI Disaster Relief
Special Olympics

Homestead Information:

Was your home used for nonhomestead or nonfarm purposes during the year?
Is your home part of a farm?
If No, enter the number of acres your home is located on (to the nearest tenth)
How many months during 2023 did you receive a Wisconsin Works payment of any amount for a community service job or a transitional placement or county relief of \$400 or more?







2023

**Kansas City Information**

**General Information:**

Enter the account identification number assigned by the city:

Taxpayer ..... \_\_\_\_\_

Spouse ..... \_\_\_\_\_

**Residency Information:**

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

Spouse	
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:**




2023

**General Information:**

Name of city .....

Township .....

Other township .....

Provide your present employer's:

Name .....

Address .....

Provide your spouse's present employer's:

Name .....

Address .....

**Taxpayer**      **Spouse**

**Yes** **No**      **Yes** **No**

Do you qualify as deaf? .....

    

Do you qualify as disabled? .....

**Residency Information:**

Did you reside in this city for all of 2023? .....

**Yes**      **No**

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

If you did not reside in this city for all of 2023, enter the dates you did reside in this city .....

Former address .....

**Wages Earned in Other Cities:**

Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City



2023

**Voluntary Contributions:**

Enter the amount you wish to contribute on your 2023 tax return to:

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	
Ionia Community Library	
Ionia Theater	
Ionia 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.

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

Do you wish to donate your entire overpayment to the City of Springfield? .....

**Enter Any Additional Michigan Cities Information:**




2023

# New York City UBT 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? .....  Yes  No

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:

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Date business began ..... (Mo/Da/Yr) \_\_\_\_\_

If business terminated during 2023, enter the termination date ..... (Mo/Da/Yr) \_\_\_\_\_

### Enter Any Additional New York City (UBT) Information:




2023

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? Yes No

Did you file a return for 2022? Yes No

Did the IRS increase your tax liability for any prior year? Yes No

If Yes, did you file an amended city return? Yes No

Is your city of residence the same as your city of employment? Yes No

Note: Include any dates you earned income in any city for any employer or business below.

Is this your final return? Yes No

If Yes, why?

Enter Any Additional Ohio City Information:

Table with 10 empty rows for additional information.