INDIVIDUAL INCOME TAX INFORMATION FOR 2023

1. **GENERAL INFORMATION**

Circle Filing Stat	Ho o contact for addi	City me Phone tional information)	Spouse's Occupa Work Work	Soc Sec # ation State	Zip Code	:		
Address County E-mail Address (to	Ho o contact for addi	me Phone	Work		_			
County E-mail Address (to	o contact for addi	me Phone		State	_			
E-mail Address (to Circle Filing State	o contact for addi				Cell			
Circle Filing Stat		tional information)	Work		_			
Circle Filing Stat		tional information) _			Cell			
	us Single							
	us Single							
. DEPENDENT		Married Filing	Married Filing	Head of				
. DEPENDENT		Joint	Separately	Household				
DEPENDENT								
	INFORMATION		G : 1		Months	C+ 1 +	Adjuste	
	Name	Date of Birth	Social Security #	Relationship	Lived at Home	Student Ves/No	Gross Incom	
	Name	Of Birtin	Security #	Kelationship	at Home	1 03/110	Incom	
	Medical insurance premiums you paid (<i>do not include Medicare</i>) Prescription drugs, insulin, doctors, dentists, hospitals, chiropractors, clinics you paid Eyeglasses, hearing aids, dentures, etc. Long-Term Care Insurance premiums paid Taxpayer							
	Number of nights Miles driven for n	away from home for m	nedical treatment		Spou	se		
Taxes								
		residence paid in 2023						
	Taxes paid on sec	ond home, vacation hor	me, lake cabin, etc.					
	Second mortgage	nterest and points paid t interest paid on persona	al residence	· -	98)			
		vas the second mortgag nterest not reported on l			d address)			
	Investment interes Mortgage Insuran	st paid ce Premiums paid						
- -	Church and Charit Non-cash Contrib	butions require a receipties paid by Cash (receiptions – (Provide the fost of done, description of	pt required) or Check ollowing detail)		of items d	onated		

4. ESTIMATED TAX PAYMENTS

	Federal	State
April 15, 2023	\$	\$
June 15, 2023	\$	\$
September 15, 2023	\$	\$
December 31, 2023	\$	\$
January 15, 2024	\$	\$
2022 overpayment applied to 2023	\$	\$

Name of Payer Amount Name of Payer

Amount

5. WAGES & COMPENSATION (Bring in all W-2 and 1099 forms)

6. INTEREST & DIVIDEND INCOME (Bring in all 1099 forms)

				ф	- · · · · · · · · · · · · · · · · · · ·	, c					
				\$		\$					
	\$ \$ \$ \$ \$										
				\$		\$					
7. <u>OTHE</u>	R INCO	<u>ME</u> (Bı	ing in all 1099 forn	18)	Taxpayer	Spouse					
A.	Unemp	oloymen	t Compensation Rece	eived	\$	\$					
B.	Alimo	ny Recei	ved		\$	\$					
C.	C. Social Security Benefits (bring in Social Sec forms)				\$	\$					
D.	D. Gambling Winnings (bring in W-2G forms)			G forms)	\$	\$					
E.	IRA D	istributio	ons, Pension & Annu	ity Income Received (I	oring in 1099-R forms)						
F.	Other I	ncome (please list payee and	amount)							
					\$	\$					
			<u>\$</u>								
	Yes	No									
G.			Did you receive, s	sell, send, exchange, or	otherwise acquire any fina	incial interest in any virtual currency?					
Н.				its (Bring in all 1099 f oowing: Item Sold D		Date Acquired Cost or Basis					
I.			Attach a list showing: <u>Item Sold</u> <u>Date Sold</u> <u>Sale Proceeds</u> <u>Date Acquired</u> <u>Cost or Basis</u> Partnerships, S-Corporations, Trusts & LLC's (Bring in all K-1 Forms)								
J.			Did you Purchase or Sell your Personal Residence? (Bring in Closing Statement)								
K.			Did you receive employer sponsored dependent care benefits this year? (flex benefits)								
L.			Did you pay any student loan interest this year? (Bring in Form 1098E)								
M.			Did you pay college tuition for yourself or dependent this year? (Bring in Form 1098-T and complete section on next page)								
N.			Did you pay for college books for yourself or dependent this year? (Bring in receipts)								
O.			Did you or your e	Did you or your employer contribute to a Health Savings Account? (Bring in 1099-SA)							
P.						an"? (Bring in certification) of have a copy of the certificate**					
Q.			Did you or your s	pouse receive Form 10	99-K for income received? applies to your tax situation	(Bring in Form 1099-K)					
R.					gh the Marketplace? (Brin						
S.			Did you contribut	e to a College SAVE o	r 529 Plan? If so, what amo	ount \$					

T. ____ Are you a teacher that paid for unreimbursed teaching supplies? If so, what amount \$_____

S	8. <u>TUI</u>								le Yea		
S		Student's Name	Dates Paid				College as of 01/01/23				
S											5
9. IRA PLANS A. If eligible, do you want to contribute to an IRA? (yes or no) B. Amount already contributed for 2023 (if any) C. Type of IRA (Roth, Traditional, Other) 10. ALIMONY Amount paid this year and recipient's Social Security Number Amount paid this year and recipient's Social Security Number 11. CHILD CARE — (Daycare Center or Baby Sitter) Amount flexed through your employer \$											5
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C. Type of IRA (Roth, Traditional, Other) 10. ALIMONY Amount paid this year and recipient's Social Security Number 11. CHILD CARE — (Daycare Center or Baby Sitter) Amount flexed through your employer \$	A.	If eligible, do you want to contr	ribute to an IRA? (yes or n	o)				_			
Amount paid this year and recipient's Social Security Number Social Security Number II. CHILD CARE — (Daycare Center or Baby Sitter) Amount flexed through your employer \$	В.	Amount already contributed for	2023 (if any)			\$		_	\$		
Amount paid this year and recipient's Social Security Number S 11. CHILD CARE – (Daycare Center or Baby Sitter) Amount flexed through your employer \$	C.	Type of IRA (Roth, Traditional	, Other)				_	_			
Amount paid this year and recipient's Social Security Number S	10. AL	IMONY				Amount			Soc	ial Se	ec#
11. CHILD CARE – (Daycare Center or Baby Sitter) Amount flexed through your employer \$'s Social Security Number						500	141 55	<i>U</i> ,,
Amount flexed through your employer \$	1 111	Touth para tino year and recipion	s social security manifest			Ψ	_	_			
1. Name	11. <u>CH</u>	IILD CARE – (Daycare Center o	r Baby Sitter)								
Address		Amount flexed through yo	our employer \$								
Address	1.	Name	I.D	or S	ос	Sec #					
Amount Paid \$ Name of children attending											
Address Name of children attending											
Amount Paid \$ Name of children attending 12. REFUND – (If you are expecting a refund and would like direct deposit) Same as last year, please verify: Bank Name Last 4 digits of the account # New this year, please attach a copy of a voided check:	2.	Name	I.D	or S	ос	Sec #					
12. REFUND – (If you are expecting a refund and would like direct deposit) Same as last year, please verify: Bank Name Last 4 digits of the account # New this year, please attach a copy of a voided check:		Address									
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Bank Name Last 4 digits of the account # New this year, please attach a copy of a voided check:		Same as last year, please v	erify:								
New this year, please attach a copy of a voided check:		•	•		_ L:	ast 4 digits of the acco	unt #				
					-	Ç					
					A	.ccount #					
		Routing #			_ A	ccount #					_
		D 1	7 7	- 1	4						
		Please (attached vo	id	le	ed check h	ere	?			
Please attached voided check here											
Please attached voided check here											
Please attached voided check here											