

Review your print out for checklist items.

Consent to disclose your information for the Credit Karma offer

To process your Credit Karma Money™ Spend account, we'll need to send your personal info to Credit Karma.

By signing this disclosure agreement, you'll allow us to share relevant info from your tax return with Credit Karma for this purpose.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://treasury.gov/tigta/>

Do you agree to let TurboTax share your personal information with Credit Karma to open a new Credit Karma Money™ Spend account?

I agree x

Taxpayer First Name

Taxpayer Last Name

Today's Date

Spouse First Name

Spouse Last Name

Today's Date

What information are you sharing?

We'll share the following information with Credit Karma:

Personal and contact information for the primary filer: first and last name; Social Security number; date of birth; mailing address used to file taxes (street, apartment, city, state, zip code); email address.

Identity verification: confirmation that the Social Security number matches the name and date of birth on the account; ID check completion.

Refund information: federal and state refund amounts to be deposited in a Credit Karma Money™ Spend account.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Sandra L	Last name isom	Your social security number 515-72-7486
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 5436 SW 12th Ter		Apt. no. 2
City, town, or post office. If you have a foreign address, also complete spaces below. Topeka		State KS
Foreign country name		ZIP code 666042344
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	KATRINA l	barre	523-13-8192	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Kimberly h	Hughes	296-70-9170	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	utt H	utt	232-25-0486	Foster Child	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Other income from Schedule 1, line 10	8	-1,633.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	-1,633.
10	Adjustments to income from Schedule 1, line 26	10	8,600.
11	Subtract line 10 from line 9. This is your adjusted gross income	11	-10,233.
12	Standard deduction or itemized deductions (from Schedule A)	12	84,100.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
14	Add lines 12 and 13	14	84,100.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under **Standard Deduction**, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2022 estimated tax payments and amount applied from 2021 return	26	33,000.
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	33,000.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	33,000.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	33,000.
	b	Routing number <u>1 2 4 0 7 1 8 8 9</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>6 2 1 0 2 1 0 4 1 5 3 8 5</u>		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Self-Employed	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (571) 413-2558	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Sandra L isom

Your social security number

515-72-7486

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-1,633.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-1,633.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses	11	300.
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	8,300.
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	8,600.

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Sandra L isom**Your social security number**
515-72-7486**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	0.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2022

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Reserved for future use	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	0.

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Sandra L isom

Your social security number

515-72-7486

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | |
|---|---|----------|
| 1 | Medical and dental expenses (see instructions) | 74,100. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | -10,233. |
| 3 | Multiply line 2 by 7.5% (0.075) | 0. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 74,100. |

**Taxes You
Paid**

- | | | |
|---|--|-------------|
| 5 | State and local taxes. | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a 340,000. |
| b | State and local real estate taxes (see instructions) | 5b 35,000. |
| c | State and local personal property taxes | 5c |
| d | Add lines 5a through 5c | 5d 375,000. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e 10,000. |
| 6 | Other taxes. List type and amount: _____ | 6 |
| 7 | Add lines 5e and 6 | 7 10,000. |

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- | | | |
|----|---|----|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____ | 8b |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c |
| d | Reserved for future use | 8d |
| e | Add lines 8a through 8c | 8e |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | 9 |
| 10 | Add lines 8e and 9 | 10 |

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- | | | |
|----|---|----------------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 0. |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 |
| 13 | Carryover from prior year | 13 |
| 14 | Add lines 11 through 13 | Limited . . 14 |

**Casualty and
Theft Losses**

- | | | |
|----|--|----|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 |
|----|--|----|

**Other
Itemized
Deductions**

- | | | |
|----|--|----|
| 16 | Other—from list in instructions. List type and amount: _____ | 16 |
|----|--|----|

**Total
Itemized
Deductions**

- | | | |
|----|---|------------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 84,100. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input checked="" type="checkbox"/> | |

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor Sandra L isom		Social security number (SSN) 515-72-7486
A Principal business or profession, including product or service (see instructions) sole proprietorship	B Enter code from instructions 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank. Awesome Tech Pty Ltd	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 5436 SW 12th Ter, Apt. 2 City, town or post office, state, and ZIP code Topeka, KS 66604-2344		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H If you started or acquired this business during 2022, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	700.
7 Gross income. Add lines 5 and 6	7	700.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	1,543.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	140.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	650.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			28	2,333.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			29	-1,633.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				31	-1,633.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					
			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
48	Total other expenses. Enter here and on line 27a 48

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2022Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Sandra L isom

Your social security number

515-72-7486

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions:	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2022 than is allowable or you had an amount on line 17 of your 2021 Form 5329.

9	Enter your excess contributions from line 16 of your 2021 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2022 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2022 traditional IRA distributions included in income (see instructions)	11	
12	2022 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2022 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2022 than is allowable or you had an amount on line 25 of your 2021 Form 5329.

18	Enter your excess contributions from line 24 of your 2021 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2022 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2022 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2022 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2022 were more than is allowable or you had an amount on line 33 of your 2021 Form 5329.

26	Enter the excess contributions from line 32 of your 2021 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2022 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2022 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2022 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2022 than is allowable or you had an amount on line 41 of your 2021 Form 5329.

34	Enter the excess contributions from line 40 of your 2021 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2022 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2022 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2022 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2022 than is allowable or you had an amount on line 49 of your 2021 Form 5329.

42	Enter the excess contributions from line 48 of your 2021 Form 5329. If zero, go to line 47	42	1,000.
43	If the contributions to your HSAs for 2022 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	1,000.
44	2022 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	1,000.
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	0.
47	Excess contributions for 2022 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	0.
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8	49	0.

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2022 were more than is allowable.

50	Excess contributions for 2022 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2022. Include this amount on Schedule 2 (Form 1040), line 8	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2022 (see instructions)	52	
53	Amount actually distributed to you in 2022	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Schedule 2 (Form 1040), line 8	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

☐ Check if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Name(s) shown on return

Sandra L isom

Your social security number

515-72-7486

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	-10,233.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	-10,233.
4	Number of qualifying children under age 17 with the required social security number	4	0
5	Multiply line 4 by \$2,000	5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	3
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	1,500.
8	Add lines 5 and 7	8	1,500.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	1,500.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	0.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	0.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 1,500.
b	Number of qualifying children under 17 with the required social security number: 0 x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 0.
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	18a 0.
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
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Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.**2022**
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
515-72-7486

Sandra L isom

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	7,300.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	8,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	8,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	8,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	0.
8	Add lines 6 and 7	8,300.
9	Employer contributions made to your HSAs for 2022	
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	
12	Subtract line 11 from line 8. If zero or less, enter -0-	8,300.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	8,300.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions)	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	
c	Subtract line 14b from line 14a	
15	Qualified medical expenses paid using HSA distributions (see instructions)	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	
19	Qualified HSA funding distribution	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2022**Attachment
Sequence No. **55**

Name(s) shown on return

Sandra L isom

Your taxpayer identification number

515-72-7486

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Awesome Tech Pty Ltd	515-72-7486	-1,633.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-1,633.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		0.
11	Taxable income before qualified business income deduction (see instructions)	11	0.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(1,633.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

Name(s) shown on return

Sandra L isom

Business or activity to which this form relates

Sch C sole proprietorship

Identifying number

515-72-7486

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		700.	5.0	HY	200 DB	140.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	140.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No									
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost											
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .									25										
26 Property used more than 50% in a qualified business use:																			
crv	01/04/2022	100.00 %																	
		%																	
		%																	
27 Property used 50% or less in a qualified business use:																			
		%				S/L -													
		%				S/L -													
		%				S/L -													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .									28										
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .									29										

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .	2,500					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	0					
33 Total miles driven during the year. Add lines 30 through 32	2,500					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person? . . .	X					
36 Is another vehicle available for personal use?		X				

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**Special Depreciation Allowance Elections under
IRC Section 168(k)(7)**

▶ Attach to your income tax return

Name(s) Shown on Return <u>Sandra L isom</u>	Identification Number <u>515-72-7486</u>
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Tax Year: 2022

Election Out of Qualified Economic Stimulus Property

Attach to your income tax return

Taxpayer hereby elects under IRC Section 168(k)(7) out of having Qualified
Economic Stimulus property for the following asset classes placed in service during
the tax year ending: 12/31/2022

<u>5 Year Property</u>

Election Out of Qualified Second Generation Biofuel Plant Property

Taxpayer hereby elects under IRC Section 168(l)(3)(D) out of having Qualified Second
Generation Biofuel Plant property for the following asset classes placed in service during
the tax year ending: _____

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2023.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.00 (the "RPS fee"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Green Dot Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2023.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	\$39.00 ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2023.

²The charges here consist of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, and Green Dot Bank Refund Processing Service Agreement ("Agreement")Name: Sandra L isomSocial Security No.: 515-72-7486

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2022 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX, TURBOTAX PLUS, OR SUCH OTHER INTUIT TAX PRODUCTS PURCHASED IN CONNECTION WITH THIS AGREEMENT (EACH A "TAX PRODUCT"). YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2023). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2022 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 33,000.00
Less Tax Product fees.	\$
Less TurboTax Fees.	\$ 84.50
Less Fees for Additional Products and Services Purchased	\$ 59.00
Expected Proceeds*	\$ 32,817.50

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2022 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Tax Product fees; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds at the time your tax refund is processed to pay the TurboTax Fees, Tax Product fees, and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax (collectively "Fees"), or if your refund proceeds are delayed

(a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. You also authorize any amounts outstanding pursuant to this paragraph to be deducted from refunds you may receive up to 24 months after the date of this Agreement and processed through Processor. Additionally, if the Fees are not fully repaid from the Deposit account for any other reason not specified above, (a) you authorize Processor to automatically deduct such Fees (or any portion thereof) or attempt to deduct such Fees for up to 4 months after your tax return was accepted via ACH, electronic check, wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2022 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2022 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or via the Internet at <http://sbtptg.com>

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 124071889

Account # 6210210415385

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax

refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund(s) to the IRS and you will need to work with the IRS directly for disbursement.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

10. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

10.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

10.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

10.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

10.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

10.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

10.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. Section 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

11. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2022 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2022 TurboTax^(Registered Trademark) User Agreement, (iii) You consent to the release of your 2022 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 10; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 11/2021

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and checking account information • transaction history and payment history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank share?
	For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	Yes
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	No
Questions?	Call Toll Free: 800-901-6663	

What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • tell us where to send the money or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies, such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Green Dot Bank does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>

Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, and Civista Bank Refund Processing Service Agreement ("Agreement")Name: Sandra L isomSocial Security No.: 515-72-7486

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2022 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

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Less Fees for Additional Products and Services Purchased	\$ 59.00
Expected Proceeds*	\$ 32,817.50

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2022 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Tax Product fees; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds at the time your tax refund is processed to pay the TurboTax Fees, Tax Product fees, and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax (collectively "Fees"), or if your refund proceeds are delayed (a)

you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. You also authorize any amounts outstanding pursuant to this paragraph to be deducted from refunds you may receive up to 24 months after the date of this Agreement and processed through Processor. Additionally, if the Fees are not fully repaid from the Deposit account for any other reason not specified above, (a) you authorize Processor to automatically deduct such Fees (or any portion thereof) or attempt to deduct such Fees for up to 4 months after your tax return was accepted via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2022 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2022 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or via the Internet at <http://sbtpg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 124071889

Account # 6210210415385

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and

Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund(s) to the IRS and you will need to work with the IRS directly for disbursement.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

10. **Arbitration Provision.** You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

10.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

10.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

10.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

10.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

10.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

10.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

11. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2022 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2022 TurboTax^(TM) User Agreement, (iii) You consent to the release of your 2022 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 10; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 09/2021

Civista Bank Tax Product Privacy Policy**FACTS** What does Civista Bank do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none">• Social Security number and account balances• payment history and transaction history• overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
	Reasons we can share your personal information	Does Civista Bank Share?
	For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	Yes
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	No
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For non affiliates to market to you.	No
Questions?	Call Toll Free: 800-901-6663 or go to www.civista.bank	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ● Sharing for affiliates everyday business purposes — information about your creditworthiness, ● Affiliates from using your information to market to you, ● Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● Our joint marketing providers include: financial service providers that offer additional payment products.
Other Important Information	
<p>This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999. This Notice applies only to individuals who have applied for a tax-related bank product.</p>	

We need your OK to share your info with our partners

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2022 tax return information that is necessary to enable BANK and SBTPG to process my refund.

I agree to the above statement.

Great! Now we just need your signature to confirm your decision.

First Name

Last Name

Sandra

isom

Today's Date

02/08/2023

Spouse's First Name

Spouse's Last Name

Today's Date

We need your OK to share your info with our partners

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2022 tax return information that is necessary to enable BANK and SBTPG to process my refund.

I agree to the above statement.

Great! Now we just need your signature to confirm your decision.

First Name

Last Name

Today's Date

Spouse's First Name

Spouse's Last Name

Today's Date

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2022

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ►
QuickZoom to Schedule 2 — Additional Taxes ►
QuickZoom to Schedule 3 — Additional Credits and Payments ►

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2022, or other tax year
beginning _____, 2022, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
Sandra L isom 515-72-7486
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.

Home Address (No. and Street). If You Have a P.O. Box, See instructions. Apt. No.
5436 SW 12th Ter 2
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Topeka KS 66604-2344
Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
Checking a box will not change your tax or refund. ☐ You ☐ Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ☐ Yes ☒ No

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☐ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here.
☒ Head of household (with qualifying person). (See instructions) If the qualifying person is a child but not your dependent, enter the child's name here. _____
☐ Qualifying surviving spouse (QSS)

Dependents If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for	
				Child tax credit	Credit for other dependents
<u>KATRINA l</u>	<u>barre</u>	<u>523-13-8192</u>	<u>Daughter</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Kimberly h</u>	<u>Hughes</u>	<u>296-70-9170</u>	<u>Daughter</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>utt H</u>	<u>utt</u>	<u>232-25-0486</u>	<u>Foster Child</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet

QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

- ☐ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

a Check if: ☐ **You** were born before January 2, 1958 ☐ Blind
☐ **Spouse** was born before January 2, 1958 ☐ Blind
Total boxes checked **a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **b** ☐

QuickZoom to required PPP loan forgiveness statement to report tax-exempt income. ►

Form 1040 or Form 1040-SR, Lines 1 - 7

1 a	Total amount from Form(s) W-2, box 1	1a	<u> </u>
b	Household employee wages not reported on Form(s) W-2	1b	<u> </u>
c	Tip income not reported on line 1a	1c	<u> </u>
d	Medicaid waiver payments not reported on Form(s) W-2	1d	<u> </u>
e	Taxable dependent care benefits from Form 2441, line 26	1e	<u> </u>
f	Employer-provided adoption benefits from Form 8839, line 29	1f	<u> </u>
g	Wages from Form 8919, line 6	1g	<u> </u>
h	Other earned income	1h	<u> </u>
i	Nontaxable combat pay election 1i <u> </u>		
z	Add lines 1a through 1h	1z	<u> </u>
2 a	Tax-exempt interest 2a <u> </u>		
b	Taxable interest	2b	<u> </u>
3 a	Qualified dividends 3a <u> </u>		
b	Ordinary dividends	3b	<u> </u>
4 a	IRA distributions 4a <u> </u>		
b	Taxable amount	4b	<u> </u>
5 a	Pensions and annuities 5a <u> </u>		
b	Taxable amount	5b	<u> </u>
6 a	Social security benefits 6a <u> </u>		
b	Taxable amount	6b	<u> </u>
c	If you elect to use the lump-sum election method, check here <input type="checkbox"/>		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>	7	<u> </u>

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ►

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 10	8	<u>-1,633.</u>
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	<u>-1,633.</u>
10	Adjustments to income from Schedule 1, line 26	10	<u>8,600.</u>
11	Subtract line 10 from line 9. This is your adjusted gross income	11	<u>-10,233.</u>
	AGI including excludable Puerto Rico Income		<u>-10,233.</u>

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,950 ● Married filing jointly or Qualifying surviving spouse, \$25,900 ● Head of household: \$19,400 ● If you checked any box under <i>Standard Deduction</i>, see instructions. QuickZoom to the Standard Deduction Worksheet.	12	<u>84,100.</u>
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Subtract itemized or standard deduction from adjusted gross income amount		-94,333.
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Form 1040 or Form 1040-SR, Lines 13 - 18

13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
14	Add lines 12 and 13	14	84,100.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0.

16	Tax. Check if any from Forms(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0.
17	Amount from Schedule 2, line 3.	17	
18	Add lines 16 and 17	18	0.
QuickZoom to Schedule 2 — Additional Tax section ►			

Form 1040 or Form 1040-SR, Line 19 - 24

19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8.	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
QuickZoom to Schedule 3 — Additional Credits and Payments ►			

Form 1040 or Form 1040-SR, Lines 25 - 33

25	Federal income tax withheld from:		
a	Form(s) W-2	25 a	
b	Form(s) 1099.	25 b	
c	Other forms.	25 c	
d	Add lines 25a through 25c.	25 d	
26	2022 estimated tax payments and amount applied from 2021 return	26	33,000.
27	Earned income credit (EIC) <input type="checkbox"/> No <input type="checkbox"/> Yes	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8.	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	
33	Add Lines 25d, 26, and 32. These are your total payments	33	33,000.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ►			
QuickZoom to "due diligence checklist" substitute for Form 8867. ►			
QuickZoom to Schedule 3 — Additional Credits and Payments ►			

Form 1040 or Form 1040-SR, Lines 34 - 36

Refund:			
34	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34	33,000.
35 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35	33,000.

Part II Adjustments to Income

11	Educator expenses	11	300.
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	8,300.
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings.	18	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A	troy	290-68-4212	09/21/2022	<input checked="" type="checkbox"/>	2,000.
B				<input type="checkbox"/>	

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

19 a	Alimony paid	19 a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay	24 a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24 b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24 c	
d	Reforestation amortization and expenses	24 d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24 e	
f	Contributions to section 501(c)(18)(D) pension plans	24 f	
g	Contributions by certain chaplains to section 403(b) plans	24 g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims	24 h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24 i	
j	Housing deduction from Form 2555	24 j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24 k	
z	Other adjustments. List type and amount:	24 z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25 5These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	8,600.

Schedule 2 – Additional Taxes**Part I** Tax

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>		8	0.
9	Household employment taxes from Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from W-2, box 12.		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
17	Other additional taxes: a Recapture of other credits. List type, form number, and amount:			
	b Recapture of federal mortgage subsidy, if you sold your home see instructions	17 a		
	c Additional tax on HSA distributions. Attach Form 8889	17 b		
	d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17 c		
	e Additional tax on Archer MSA distributions. Attach Form 8853	17 d		
	f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17 e		
	g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17 f		
	h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17 g		
	i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 h		
	j Section 72(m)(5) excess benefits tax	17 i		
	k Golden parachute payments	17 j		
	l Tax on accumulation distribution of trusts	17 k		
	m Excise tax on insider stock compensation from an expatriated corporation	17 l		
	n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17 m		
	o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 n		
	p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17 o		
	q Any interest from Form 8621, line 24.	17 p		
	z Any other taxes. List type and amount:	17 q		
		17 z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A.	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . .		21	0.
	Total tax (add line 21 and Schedule 3, line 8b)			0.

Schedule 3 – Additional Credits and Payments**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6 a	
b	Credit for prior year minimum tax. Attach Form 8801	6 b	
c	Adoption credit. Attach Form 8839	6 c	
d	Credit for the elderly or disabled. Attach Schedule R	6 d	
e	Alternative motor vehicle credit. Attach Form 8910	6 e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6 f	
g	Mortgage interest credit. Attach Form 8396	6 g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6 h	
i	Qualified electric vehicle credit. Attach Form 8834	6 i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6 j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6 k	
l	Amount on Form 8978, line 14	6 l	
z	Other nonrefundable credits. List type and amount: _____ _____	6 z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	
a	Add line 8 plus child tax/other dep. credit on line 19 above		
b	Subtract total credits on line 8a from tax on line 18 above		0.

Quickzoom to 1040 Worksheet, line 24 — Total Tax ► QuickZoom. . . ► _____

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13 a	
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13 b	
c	Reserved for future use	13 c	
d	Credit for repayment of amounts included in repayment of amounts included infrom earlier years	13 d	
e	Reserved for future use	13 e	
f	Deferred amount of net 965 tax liability	13 f	
g	Reserved for future use	13 g	
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13 h	
z	Other payments or refundable credits. List type and amount _____ _____	13 z	
14	Total other payments or refundable credits. Add lines 13a through 13z.	14	
15	Total Payments: Part II, lines 9 through 12 and 14, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30	15	33,000.
	Other Payments and Refundable Credits (Form 1040, line 32)		

Third Party Designee

Do you want to allow another person to discuss this return
with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No
Designee's Name
Phone Number Personal Identification Number (PIN)

Signature and Paid Preparer

Keep a copy of this return for your records.

If the IRS sent you
an Identity Protection
PIN, enter it here

(571) 413-2558

ZIP Code

Send Form 1040 to: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0002

Name(s) Shown on Return Sandra L isom	Your SSN 515-72-7486
--	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
sole proprietorship	-1,633.
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	-1,633.

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2021 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedule F income/loss included in net investment income	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	340,000.
2	Investment income.	2	0.
3	Total adjusted gross income	3	-10,233.
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	10,000.
7	Lesser of line 5 or line 6.	7	0.
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	0.

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	0.
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	0.
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	84,100.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	0.
7	Subtract line 6 from line 5.	7	84,100.
8	Enter the lesser of line 7 or line 4	8	0.

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2021	(c) Suspended 12/31/2022	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2021	(c) Suspended 12/31/2022	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2021	(c) Suspended 12/31/2022	(d) Used against activity	(e) Used against other passive

Paid Preparer's Due Diligence Worksheet
HOH

► Keep for your records

2022

Name as Shown on Return
Sandra L isom

Social Security Number
515-72-7486

Automatically calculate this worksheet

- ☐ Fill in this checklist automatically, according to information entered elsewhere in the return.
☐ Do not fill in this checklist automatically. It will be completed manually.

QuickZoom to Form 8867 ► _____

NOTE: This checklist is not a comprehensive or complete list, the paid preparer should refer to the IRS instructions or website.

- 1 Did the preparer who is signing this return also determine the taxpayer's eligibility for EIC? ☐ Yes ☐ No
2 Preparer who determined eligibility
3 Preparer PTIN

As a paid tax return preparer, you must exercise due diligence to determine whether a taxpayer meets all requirements to qualify for HOH filing status. Although line 14 of Form 8867 only asks about substantiation that the taxpayer was unmarried (or considered unmarried) and provided more than half of the cost of keeping up a home for the year for a qualifying person, your client must meet all of the eligibility requirements for claiming HOH filing status. Your client may not claim HOH filing status unless all of the eligibility requirements for HOH filing status are satisfied, even if you answer "Yes" to the question on line 14 of Form 8867.

Head of Household Status Information

- 4 Marital Status (check all that apply):
☐ Never married
☐ Widowed (spouse died before 01/01/2022)
☐ Received final decree of divorce, legal separation, dissolution, or termination of marriage by 12/31/2022. Check next to the following you can provide to the IRS:
☐ Divorce decree
☐ Separation agreement
☐ Married, but lived apart for the last 6 months of the year. Check next to any of the following you can provide to the IRS to verify that you lived apart:
☐ Not applicable ☐ Letter from clergy member
☐ Lease agreement ☐ Letter from social services
☐ Utility bills
☐ Other (write in) _____
- 5 Qualifying person:
☐ Check if child is a nondependent qualifier
First Name _____
Middle Initial _____
Last Name _____
SSN _____
Relationship _____
- 6 Check next to any of the following you can provide to the IRS in order to substantiate maintaining more than half the cost of the home.
☐ Utility bills ☐ Grocery receipts
☐ Property tax bills ☐ Rent receipts or mortgage interest
☐ Other household bills
- 7 Check next to any of the following to indicate any non-taxable support or income you received:
☐ Family support ☐ Housing assistance
☐ Food stamps ☐ Childcare assistance
☐ Other (write in type) _____

Schedule 1
Line 8

Other Income Statement

2022

Statement L8

Name(s) Shown on Return Sandra L isom		Social Security Number 515-72-7486	
	(a) Taxpayer	(b) Spouse	
a Net operating loss carryover from a prior year			
b 1 Winnings from Form W-2G			
2 Gambling winnings not reported on Form W-2G			
3 Total gambling winnings.			
c Income from the Cancellation of Debt:			
1 From Form 1099-C:			
a Amount of debt canceled from box 2			
b Amount of canceled debt excluded from income			
c Taxable amount of canceled debt.			
2 From Schedule(s) K-1			
d Foreign earned income and housing exclusion, from Form 2555 .			
e Taxable distributions from Form 8853:			
1 Taxable Archer MSA distributions MSA			
2 Taxable Medicare Advantage distributions Med MSA . . .			
3 Taxable long term care distributions LTC.			
4 Total Form 8853			
f Form 8889, Health Savings Accounts			
1 Taxable HSA Distributions from Form 1099-SA			
2 Last month rule and qualified HSA funding distribution amt			
3 Total Form 8889			
g Alaska Permanent Fund.			
h Jury duty pay			
i 1 Winnings (prizes, etc.) from Form 1099-MISC, box 3.			
2 Other non-gambling awards and prizes			
j Income from "not for profit" activities (hobbies):			
1 Hobby income from Form 1099-K			
2 Other hobby income not reported elsewhere			
3 Total income from "not for profit" activities (hobbies):			
j Does not apply to Form 1040NR			
k Employer stock compensation income for non-employee			
l Income from rental of personal property			
1 Rent from personal property from Form 1099-MISC box 1.			
2 Rent from personal property from Form 1099-K box 1			
3 Other rent from personal property			
4 Total Income from the rental of personal property			
m Olympic/Paralympic medals and USOC prize money**.			
n Section 965 deferred foreign income (Form 965)			
o Global intangible low-taxed income (Form 8992)			
p Limitation on business losses (Form 461)			
q ABLE account distributions			
r Scholarship and fellowship grants not reported on Form W-2 . . .			
s Nontaxable amount of Medicaid waiver payments			
t Nonqualified pension/annuity			
u Wages while incarcerated.			

z 1 Child's investment income, from Form 8814.		
2 Taxable income from Forms 1099-MISC:		
a Substitute payments in lieu of interest or dividends		
b Other income from 1099-MISC box 3 (Excluding Olympic prize money)		
c Tribal Gaming.		
3 Non-Employee Compensation from Form 1099-NEC box 1		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Other income, from Schedule(s) K-1		
7 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
	Type of Tax	State or Local ID
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses . .		
f Other refunds or reimbursements.		
8 Recoveries of bad debts deducted in a prior year.		
9 Bartering income not reported elsewhere		
10 Other income on Form 1099-K (payment network transactions):		
11 Unemployment income and repayment		
a Union unemployment benefits.		
b Private fund unemployment benefits		
c State employee unemployment benefits		
d Repayment of non-government unemployment benefits		
12 Other taxable income:		

13 Income from Community Property:		
a Positive community property adjustment		
b Negative community property adjustment (enter as positive) . .		

aa Exclusions from Gross Income

The excludable items below from Form 1099 are included on Schedule 1, line 8z, along with a corresponding negative adjustment to remove from gross income.

a CA Middle Class Tax Refund payment		
b Incorrect Form 1099-K		
c Loss from Sale of Personal Items Reported on Form 1099-K		

Total. Add lines **a** through **z**. (Do not include **aa**.) Enter here and on Schedule 1, line 9

Charitable Organization Worksheet

2022

► Keep for your records

Name(s) Shown on Return

Sandra L isom

Social Security Number

515-72-7486

Charity Name . . . religious

Address

City

State

ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	10,000.00
2	Various		Money	55,000.00
			Total:	65,000.00
			Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Sandra L isom

515-72-7486

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2022 Amount
1	Various	10,000.00	1	<input type="checkbox"/>	Once	<input checked="" type="checkbox"/>	Recur	10,000.00
2	Various	55.00	1,000	<input type="checkbox"/>	Once	<input checked="" type="checkbox"/>	Recur	55,000.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven			
Other Costs	Description of Other Costs	Value of Miles				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				

Sandra L isom

515-72-7486

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☐ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ► ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ► ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☐ (a) 50% charity ☒ (b) Other than 50% charity ☐ (c) 50% Charity, 100% donation

Federal Information Worksheet

► Keep for your records

2022

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name Sandra
 Middle initial L Suffix
 Last name Isom
 Social security no. 515-72-7486
 Occupation Self-Employed
 Date of birth 05/20/1967 (mm/dd/yyyy)
 Age as of 1-1-2023 55
 Daytime phone (571) 413-2558 Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name Jerald
 Middle initial A Suffix
 Last name Jackson
 Social security no. 244-53-7036
 Occupation Retired
 Date of birth 02/25/1975 (mm/dd/yyyy)
 Age as of 1-1-2023 47
 Daytime phone Ext
 Legally blind ☐
 Date of death 12/31/2022

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☒ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☒ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)**US Address:**

Address 5436 SW 12th Ter Apt no. 2
 City Topeka State KS ZIP code 66604-2344

Foreign Address: Check this box to use foreign address . . ☐

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

Federal filing status:

- ☐ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) ☐
☒ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name MI Last Name Suff
 Child's social security number
☐ 5 Qualifying surviving spouse
 Check the appropriate box for the year your spouse died 2020 ☐ 2021 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2022					
KATRINA Barre	L	523-13-8192 Daughter	08/15/1960 62	0	X			N	9		Yes
Kimberly Hughes	H	296-70-9170 Daughter	04/07/1970 52	L	X			D	8		Yes
utt utt	H	232-25-0486 Foster Child	11/17/1982 40	0	X			N	8		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2022? ☐ Yes ☐ No
 If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐
 Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2022 ☐
 Check if you were notified by the IRS that EIC cannot be claimed in 2022 or if you are ineligible to claim the EIC in 2022 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No
 Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ▶ serve
 Check the appropriate box ▶ Checking ☒ Savings ☐
 Routing number ▶ 124071889 Account number ▶ 6210210415385

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ▶ _____
 Balance-due amount from this return ▶ _____

Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No
 Enter the payment date to withdraw from the account above ▶ _____
 Balance-due amount from this **amended** return ▶ _____

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ▶ ☒
 Check this box if you are married filing separately and your spouse itemized deductions ▶ ☐
 Check this box to take the standard deduction even if less than itemized deductions ▶ ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ▶ ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ▶ ☐ Yes ☐ No
 Is the spouse a full-time student? ▶ ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2022, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ▶ ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ▶ ☐
 Resident country ▶ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands _____
 Excludable income from Puerto Rico _____

Dual Status Alien Return:

Check this box if you are a dual-status alien ▶ ☐
 Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ▶ ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ▶ ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ▶ _____
 Third party designee phone number ▶ _____
 Personal Identification number (enter any 5 numbers) ▶ _____

Disaster Tax Relief:

Check if you took a disaster distribution between 2018 and 2020 ☐

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2022 ▶ KS

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2022 ▶ KS

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☒

Date the spouse established residence in state above ▶ 01/25/2022

In which state (or foreign country) did the spouse reside before this change? ▶ NC

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN . . . _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 58285

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number K01611868

Issued by what state KS

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

Spouse

Drivers license or state ID number 000009876736

Issued by what state NC

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2022

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Sandra Middle initial . L Last name . . . isom
Suffix
Social security no. . . 515-72-7486 Member of U.S. Armed Forces in 2022? . . ☐ Yes ☒ No
Date of birth 05/20/1967 (mm/dd/yyyy) age as of 1-1-2023 55
Occupation Self-Employed Daytime phone (571) 413-2558 Ext _____
Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2022 ► ☐ 2022 . ► ☐ 2021 . ► ☐ 2020 . ► ☐ Before 2020 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy) _____
Were you under the age of 16 as of 1-1-2023 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ► _____
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can** another taxpayer (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 a If you answered 'Yes' to question 1, are you actually claimed as a
dependent on that person's tax return? ► ☐ Yes ☒ No
b If you answered 'No' to question 2a, was the person(s) who could claim you
required to file a tax return for 2022, or filed a tax return for any reason
other than to claim a refund of taxes paid or withheld? If the answer is 'No',
change the answer to question 1 to 'No'. (see help) ► ☐ Yes ☐ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2022? ► ☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2022? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2022 KS
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ► _____
In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2022 _____
Unreimbursed medical expenses paid for qualifying person in 2022 _____
Employment taxes paid for dependent care providers in 2022 _____
Full-time student for 5 calendar months during 2022? ► ☐ Yes ☒ No

Disabled person who was not physically or mentally capable of self-care? ▶ ☐ Yes ☒ No
This person is a qualifying person for the child and dependent care credit ▶ ☐ Yes ☒ No

**Personal Information Worksheet
For the Spouse**

2022

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I — Spouse's Personal Information

First name . . . Jerald Middle initial . A Last name . . . Jackson
Suffix
Social security no. . . 244-53-7036 Member of U.S. Armed Forces in 2022? . . ☐ Yes ☐ No
Date of birth 02/25/1975 (mm/dd/yyyy) age as of 1-1-2023 47
Occupation retired Daytime phone Ext
Marital status
If widowed, check the appropriate box for the year your spouse died:
After 2022 ► ☐ 2022 . ► ☐ 2021 . ► ☐ 2020 . ► ☐ Before 2020 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy) 12/31/2022
Were you under the age of 16 as of 1-1-2023 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ►
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☒ Yes ☐ No

Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can** another taxpayer (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 a If you answered 'Yes' to question 1, are you actually claimed as a
dependent on that person's tax return? ► ☐ Yes ☒ No
b If you answered 'No' to question 2a, was the person(s) who could claim you
required to file a tax return for 2022, or filed a tax return for any reason
other than to claim a refund of taxes paid or withheld? If the answer is 'No',
change the answer to question 1 to 'No'. (see help) ► ☐ Yes ☐ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2022? ► ☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2022? ► ☐ Yes ☐ No

Part III — Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2022 KS
Check the appropriate box:
This person is a resident of the state above for the entire year ☐
This person is a resident of the state above for only part of year ☒
Date this person established residence in state above ► 01/25/2022
In which state (or foreign country) did this person reside before this change? ► NC

Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2022
Unreimbursed medical expenses paid for qualifying person in 2022
Employment taxes paid for dependent care providers in 2022
Full-time student for 5 calendar months during 2022? ► ☐ Yes ☒ No

Disabled person who was not physically or mentally capable of self-care? ▶ ☐ Yes ☒ No
This person is a qualifying person for the child and dependent care credit ▶ ☐ Yes ☒ No

Dependent and Nondependent Information Worksheet

2022

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . KATRINA Middle initial . L Last name . . barre
Suffix

Social security no. . . 523-13-8192

Date of birth 08/15/1960 (mm/dd/yyyy) age as of 12-31-2022 62
Did this person pass away in 2022 (deceased)? . . ☐ Yes ☒ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 0 — Other dependent

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Surviving Spouse
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Surviving Spouse filing status except the dependent's gross income was \$4,400 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☒

TurboTax Web Only:

Was the adoption final as of December 31, 2022? ☐ Yes ☐ No

Was the person placed with you for adoption after 2022, or was the adoption final in 2022 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☐ Yes ☒ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 9

Qualifying for the earned income credit * . N — Non-qualifying person

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☒

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2022

Unreimbursed medical expenses paid for qualifying person in 2022

Employment taxes paid for dependent care providers in 2022

Child or dependent is a qualifying person for the child and dependent care credit ☐ Yes ☒ NoChild is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No**Part V – Dependent's State Residency Information**

Enter this person's state of residence as of December 31, 2022

Check the appropriate box:

This person is a resident of the state above for the entire year ☐This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet

2022

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Kimberly Middle initial . H Last name . . . Hughes
Suffix

Social security no. . . 296-70-9170

Date of birth 04/07/1970 (mm/dd/yyyy) age as of 12-31-2022 52
Did this person pass away in 2022 (deceased)? . . ☐ Yes ☒ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☒

Check this box if:

- The taxpayer filing this return is filing as Qualifying Surviving Spouse
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Surviving Spouse filing status except the dependent's gross income was \$4,400 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☒

TurboTax Web Only:

Was the adoption final as of December 31, 2022? ☐ Yes ☐ No

Was the person placed with you for adoption after 2022, or was the adoption final in 2022 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 8

Qualifying for the earned income credit * . D — Disabled child age 19 or older, or disabled child older than you (and spouse)

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☒
Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2022 _____

Unreimbursed medical expenses paid for qualifying person in 2022 _____

Employment taxes paid for dependent care providers in 2022 _____

Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ NoChild is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No**Part V – Dependent's State Residency Information**

Enter this person's state of residence as of December 31, 2022 _____

Check the appropriate box:

This person is a resident of the state above for the entire year ☐This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Dependent and Nondependent Information Worksheet

2022

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . utt Middle initial . H Last name . . . utt
Suffix

Social security no. . . 232-25-0486

Date of birth 11/17/1982 (mm/dd/yyyy) age as of 12-31-2022 40
Did this person pass away in 2022 (deceased)? . . ☐ Yes ☒ No Date of death

Relationship to taxpayer or spouse Foster Child

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 0 — Other dependent

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Surviving Spouse
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Surviving Spouse filing status except the dependent's gross income was \$4,400 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2022? ☐ Yes ☐ No

Was the person placed with you for adoption after 2022, or was the adoption final in 2022 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☐ Yes ☒ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 8

Qualifying for the earned income credit * . N — Non-qualifying person

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☒

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2022 _____
Unreimbursed medical expenses paid for qualifying person in 2022 _____
Employment taxes paid for dependent care providers in 2022 _____
Child or dependent is a qualifying person for the child and dependent care credit ☐ Yes ☒ No
Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2022 _____
Check the appropriate box:
This person is a resident of the state above for the entire year ☐
This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ► _____
 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

State

Nonresident State Allocation Worksheet

2022

► Keep for your records

Check the box to activate this worksheet ► ☐

Name(s) Shown on Return

Sandra L isom

Social Security Number

515-72-7486

INCOME		Federal Amount	Amount
1	Wages, salaries, tips, etc. T		
	S		
2	Taxable interest T		
	S		
3	Dividends T		
	S		
4	State/local tax refunds T		
	S		
5	Alimony received T		
	S		
6	Business income or loss T		
	S		
7	Capital gain or loss T		
	S		
8	Other gains and losses T		
	S		
9	Taxable IRA distribution T		
	S		
10	Taxable pension and annuities T		
	S		
11	Rentals, royalties, partnerships, S corporations, trusts T		
	S		
12	Farm income or loss T		
	S		
13	Unemployment compensation T		
	S		
14 a	Taxable social security benefits T		
	S		
b	Taxable railroad retirement benefits T		
	S		
15	Other income T		
	S		
16	Total income T		
	S		

Nonresident State Allocation Worksheet

Page 2

Sandra L isom

515-72-7486

ADJUSTMENTS			Federal Amount	Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T		
		S		
20	Moving expenses	T		
		S		
21	Self-employment tax deduction	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans	T		
		S		
23	Self-employed health insurance deduction	T		
		S		
24	Penalty on early withdrawal of savings.	T		
		S		
25	Alimony paid	T		
		S		
26	IRA deduction	T		
		S		
27	Student loan interest deduction	T		
		S		
28	Reserved	T		
		S		
29	Total other adjustments	T		
		S		
30	Total adjustments	T		
		S		
31	Adjusted gross income	T		
		S		

Part-Year Resident State Allocation Worksheet

2022

► Keep for your records

Check the box to activate this worksheet ► ☐

Name(s) Shown on Return Sandra L isom	Social Security Number 515-72-7486
--	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 Wages, salaries, tips T S		See Form 1040, line 1 Income Allocation Smart Worksheet		

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T					
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 Certain business expenses T					
S					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
25 T Self-employment tax						
S Self-employment tax						
26 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
27 T Self-employed health insurance . .						
S Self-employed health insurance . .						
28 T Reserved						
S Reserved						
29 Other adjustments T						
S						
30 Total adjustments T						
S						
31 Adjusted gross income T						
S						

► Keep for your records

Name(s) Shown on Return

Sandra L isom

Social Security Number

515-72-7486

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C . . .			
b	W2 box 1 inmate or halfway house wages . . .			
c	All other W2 box 1 wages			
d	Foreign wages included in total wages			
e	Unreported tips			
2	Total federal tax withheld			
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans . .			
d 1	Elective deferrals to government 457 plans . .			
2	Non-elective deferrals to gov't 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

Form 1099-NEC
Nonemployee Compensation Worksheet

2022

Name(s) Shown on Return
Sandra L isom

Social Security Number
515-72-7486

Payer's EIN _____ **or** **SSN** 290-68-4212
Payer's Name payer
Account number (for your records only). _____

☐ **Spouse's 1099-NEC** ☐ **Do not transfer this 1099-NEC to next year**

Box 1 Nonemployee compensation _____
Double click to link to: Schedule C . ► _____
Schedule F . ► _____
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919
If checked, enter Reason Code for Form 8919 (see Help) _____
If Reason Code A or C, enter determination date _____
☐ Other Income
☐ Back Wages from Lawsuit. Amount: _____ -

Box 2 Payer made direct sales totaling \$5,000 or more of consumer products to
recipient for resale ☒

Box 4 Federal income tax withheld _____

First state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no.. _____
Box 7 State income. _____
Second state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no.. _____
Box 7 State income. _____
I confirm that the state withholding identification number(s) are accurate ☐

Medicaid Waiver Payments

Check this box if this income is a Medicaid Waiver Payment that you elect to exclude
from gross income ☐

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Recipient's address and ZIP code

Transfer address from Federal Information Wks . ☐
Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Distributions from an HSA, Archer MSA, or
Medicare Advantage MSA

2022

► Keep for your records

Name Sandra L isom	Social Security Number 515-72-7486
-----------------------	---------------------------------------

Check if for spouse

☐

See below for additional distribution information

Corrected amount

☒

Void

☐

Payer's name, street address, city, state, and Zip code

Payer's TIN

Recipient's TIN

515-72-7486

1 Gross distribution

\$ _____

2 Earnings on excess
contributions

\$ _____

Check to transfer Recipient's information
from Federal Information Worksheet ☐

Recipient's Name

Sandra L ISOM

Street address (including apt. no.)

5436 SW 12th Ter, Apt. 2

City

State

ZIP Code

Topeka

KS

66604-2344

Account number (optional)

3 Distribution code

2 ☐

4 FMV on date of death

\$ _____

5 HSA ☒Archer MSA. . . ☐MA MSA ☐

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution ☐

Medical Expenses See Help for important information

B Check this box if the **entire** amount in box 1 was used to pay **qualified** medical expenses
and can be treated as **tax free** ☐C If **less** than the amount in box 1 was used to pay medical expenses, enter the amount
that was used to pay **qualified** medical expenses **and** can be treated **tax free** _____

Rollover

D Enter the amount in box 1 that was rolled over _____

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) ☒

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? ☐ Yes ☐ No

QuickZoom to Form 8853, p1 ► _____

QuickZoom to Form 8889T ► _____

QuickZoom to Form 8889S ► _____

Distributions from an HSA, Archer MSA, or
Medicare Advantage MSA

2022

► Keep for your records

Name Sandra L isom	Social Security Number 515-72-7486
-----------------------	---------------------------------------

Check if for spouse

☐

See below for additional distribution information

Corrected amount

☒

Void

☐

Payer's name, street address, city, state, and Zip code

Payer's TIN

Recipient's TIN

515-72-7486

1 Gross distribution

\$ _____

2 Earnings on excess
contributions

\$ _____

Check to transfer Recipient's information
from Federal Information Worksheet ☐

Recipient's Name

Sandra L ISOM

Street address (including apt. no.)

5436 SW 12th Ter, Apt. 2

City

State

ZIP Code

Topeka

KS

66604-2344

Account number (optional)

3 Distribution code

☐

4 FMV on date of death

\$ _____

5 HSA ☐Archer MSA. . . ☐MA MSA ☒

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution ☐

Medical Expenses See Help for important information

B Check this box if the **entire** amount in box 1 was used to pay **qualified** medical expenses
and can be treated as **tax free** ☒C If **less** than the amount in box 1 was used to pay medical expenses, enter the amount
that was used to pay **qualified** medical expenses **and** can be treated **tax free** _____

Rollover

D Enter the amount in box 1 that was rolled over _____

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) ☐

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? ☐ Yes ☐ No

QuickZoom to Form 8853, p1 ► _____

QuickZoom to Form 8889T ► _____

QuickZoom to Form 8889S ► _____

Form 1040
Line 1

Wages, Salaries, & Tips Worksheet

2022

► Keep for your records

Name(s) Shown on Return
Sandra L isom

Social Security Number
515-72-7486

The following amounts are included on **line 1** of Form 1040 or 1040-NR:

	Taxpayer	Spouse	Total
a Wages, salaries, tips, etc. from Form W-2 . . .			
b Household employee wages not on Form W-2			
c 1 Taxable tips, from Form 4137.			
2 Noncash tips (not included on 1a)			
d Medicaid waiver payments not on Form W-2			
e Strike benefit income			
f Taxable dependent care benefits from Form 2441			
g Employer-provided adoption benefits from Form 8839			
h Wages from Form 8919			
i Items from Form 1099-R:			
1 a Disability before minimum retirement age .			
b Return of contributions.			
2 Excess moving expense reimbursement, from Form 3903			
3 Sick pay or disability payments			
4 Total foreign source income			
Check this box if the amount on line h4 is eligible for the foreign exclusion/ded'n . . . ►	<input type="checkbox"/>	<input type="checkbox"/>	
5 Ordinary income from employer stock transactions not reported on Form W-2			
6 Non-gov unemploy'm't recv'd/repaid 2022 . . .			
7 Other earned income:			

8 Excess reimbursement, from Form 2106 . . .			
z Total			

Qualified Business Income Component Worksheet

2022

► Keep for your records

Name(s) Shown on Return Sandra L isom	Social Security Number 515-72-7486
--	---------------------------------------

Aggregate trade or business name	Awesome Tech Pty Ltd
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	515-72-7486
Reason for no EIN or SSN if none available	

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Awesome Tech Pty Ltd		-1,633.	0.	700.

1	Qualified business income (QBI)	-1,633.
If using Simplified Worksheet, stop here.		
2	Taxable Income	
3	Threshold Amount. \$340,100 if MFJ, \$170,050 if MFS, otherwise \$170,050	
4	Subtract line 3 from line 2. If less than 0, enter 0.	
5	Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.	
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	
8	Wages allocable to qualified business income.	
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	
Reductions for Specified Service Trades or Businesses		
Check if Specified Service Trade or Business (SSTB) <input type="checkbox"/>		
11	SSTB reduction to QBI	
12	SSTB reduction to allocable wages.	
13	SSTB reduction to allocable UBIA	
QBI, wages, and UBIA after applicable SSTB reductions		
14	Qualified business income	
15	Allocable wages	
16	Allocable UBIA	
Tentative QBI component		
17	Adjustments for QBI losses	
18	Loss-adjusted QBI (line 14 plus line 17)	
19	Tentative QBI component before limitations (20% of line 18)	
Wages and assets limits		
20	50% of W2 wages	
21	25% of W2 wages	
22	2.5% of UBIA	
23	Sum of 25% of W2 wages and 2.5% of UBIA	
24	Wage and Asset Limit. Larger of line 20 or line 23	
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)	
26	Reduction Amount. Multiply line 6 by line 25.	
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	
28	Qualified payments from agricultural or horticultural coop	
29	Wages allocable to qualified payments from coop	
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	
Qualified business income component amount		
31	Subtract line 30 from line 27	

Qualified Business Income Deduction Summary

2022

► Keep for your records

Name(s) Shown on Return

Sandra L isom

Social Security Number

515-72-7486

QuickZoom to QBI Component Worksheet►
QuickZoom to Form 8995.►
QuickZoom to Form 8995-A►

1 Trade or business name Net QBI
 Awesome Tech Pty Ltd -1,633.

2 Net qualified business income (QBI) from qualified trades or businesses -1,633.
 3 Loss from previous year
 4 Sum of activities with gains (only positive amounts from table on line 1)
 5 Sum of activities with losses (only negative amounts from table on line 1) -1,633.

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 0.
 8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 -1,633.

9 Total REIT dividends
 10 PTP Income from non-SSTBs
 11 PTP Income from SSTBs
 12 Allowed PTP Income from SSTBs
 13 Total Allowed PTP income (sum of line 10 and line 12)
 14 Carryover REIT/PTP losses from prior year
 15 Total REIT/PTP income
 16 20% of total REIT/PTP income
 17 Disallowed REIT/PTP loss 0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 0.

19 Taxable income before qualified business income deduction. 0.
 20 Net capital gains 0.
 21 Taxable income minus net capital gains. If zero or less, enter -0- 0.
 22 20% of taxable income minus net capital gains 0.

23 QBI deduction before DPAD. 0.
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities

25 **Total 199A (QBI) deduction** (sum of lines 23 and 24) 0.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2022

► Keep for your records

Name(s) Shown on Return
Sandra L isom

Social Security Number
515-72-7486

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
a	On Form 1099-DIV		
b	On Form 2439		
c	On Schedule(s) K-1		
d	On Form 1099-R		
e	From Form 8814		
f	Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D	16	
a	Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2022

Name(s) Shown on Return
Sandra L isom

Social Security Number
515-72-7486

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
Sandra L isomSocial Security Number
515-72-7486

1 a	Enter your taxable income from Form 1040, line 15	1 a	0.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	0.
15	Enter: • \$41,675 if single or married filing separately, • \$83,350 if m/fj or qualifying surviving spouse, or • \$55,800 if head of household.	15	55,800.
16	Enter the smaller of line 1c or line 15	16	0.
17	Enter the smaller of line 14 or line 16	17	0.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	0.
19	Enter the smaller of line 1c or: • \$170,050 if single or married filing sep, • \$340,100 if MFJ or QSS, or • \$170,050 if head of household.	19	0.
20	Enter the smaller of line 14 or line 19	20	0.
21	Enter the larger of line 18 or line 20	21	0.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter: • \$459,750 if single, • \$258,600 if married filing separately, • \$517,200 if m/fj or qualifying surviving spouse, or • \$488,500 if head of household.	26	
27	Enter the smaller of line 1c or line 26	27	
28	Add lines 21 and 22	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the smaller of line 25 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 24 and 30	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	
34	Multiply line 33 by 20% (0.20)	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	_____
45	Add lines 31, 34, 40, 43, and 44	45	_____ 0 .
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	_____
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	_____

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 16 ► Keep for your records

2022

Name(s) Shown on Return
Sandra L isom

Social Security Number
515-72-7486

1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	_____
3	Are you filing Schedule D?		
<input type="checkbox"/>	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
<input type="checkbox"/>	No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	_____
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	_____
6	Enter:		
	\$41,675 if single or married filing separately, \$83,350 if mfj or qualifying surviving spouse, \$55,800 if head of household.]	6	_____
7	Enter the smaller of line 1 or line 6	7	_____
8	Enter the smaller of line 5 or line 7	8	_____
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	_____
10	Enter the smaller of line 1 or line 4	10	_____
11	Enter the amount from line 9	11	_____
12	Subtract line 11 from line 10.	12	_____
13	Enter:		
	\$459,750 if single, \$258,600 if married filing separately, \$517,200 if mfj or qualifying surviving spouse, \$488,500 if head of household.]	13	_____
14	Enter the smaller of line 1 or line 13	14	_____
15	Add lines 5 and 9	15	_____
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	_____
17	Enter the smaller of line 12 or line 16	17	_____
18	Multiply line 17 by 15% (0.15)	18	_____
19	Add lines 9 and 17.	19	_____
20	Subtract line 19 from line 10	20	_____
21	Multiply line 20 by 20% (0.20)	21	_____
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.		
23	Add lines 18, 21, and 22	23	_____
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.		
		25	_____

IRA Contributions Worksheet

2022

► Keep for your records

Name(s) Shown on Return
Sandra L isom

Social Security Number
515-72-7486

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2022, including any made between 1/1/2023 and 4/18/2023, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2023 to 4/18/2023 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet.		
13	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2022

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Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2022, including any made between 1/1/2023 and 4/18/2023, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
20	Contributions recharacterized from a traditional IRA, (from In 4). . .		
21	Roth IRA contributions, from Schedule(s) K-1		
22	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions		
24	Roth IRA contributions. Combine lines 20 through 23		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>		
26	Excess Roth IRA contribution credit		
27	Total Roth IRA contributions		
28	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation		
30	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

Schedule A
Line 1

Medical Expenses Worksheet
► Keep for your records

2022

Name(s) Shown on Return
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1	Prescription medications	1	7,000.
2	Health insurance premiums:		
a	Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	
b	From Form(s) 1095-A - net of adjustments	b	
	Taxpayer's portion of 1095-A premiums (total less spouse) . . .		
	Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer		
c	Medicare premiums	c	
d	From Form(s) 1099-R	d	
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums	2 e	
f	Taxpayer's allowable long-term care premiums	f	
g	Spouse's gross long-term care premiums	g	
h	Spouse's allowable long-term care premiums	h	
i	Dep or child under 27 gross long-term care premiums . .	i	
j	Dep or child under 27 allowable long-term care prem. . .	j	
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	
m	Spouse's long-term care premiums not deducted as an adjustment to income. . .	m	
n	Dependent's long-term care premiums not deducted as an adj to income	n	
o	Other self-employed health insurance not deducted as an adj to income	o	
3	Fees for doctors, dentists, etc	3	7,500.
4	Fees for hospitals, clinics, etc.	4	0.
5	Lab and x-ray fees	5	7,000.
6	Expenses for qualified long-term care	6	14,000.
7	Eyeglasses and contact lenses	7	2,500.
8	Medical equipment and supplies	8	3,500.
9	Medical transportation expenses:		
a	Medical miles driven - Add lines A and B on the Split Mileage Smart Worksheet above	9 a	15,000
b1	Multiply the number of miles on line A of the Split Mileage Smart Worksheet above by 18 cents per mile . .	b1	900.
b2	Multiply the number of miles on line B of the Split Mileage Smart Worksheet above by 22 cents per mile . .	b2	2,200.
c	Other medical transportation costs not included above for example: ambulance fees	c	3,500.
d	Total medical transportation expenses (add lines 9b1, 9b2, and 9c)	9 d	6,600.
10	Lodging for medical purposes (up to \$50 per night per person)	10	36,000.
11	Other medical and dental expenses:		
a		11 a	
b		b	
c		c	
d		d	
e		e	
f		f	
g		g	
h		h	
i		i	
j		j	
12	Total of medical and dental expenses (add lines 1 through 11j)	12	84,100.
13 a	Less: insurance reimbursement for any expenses listed	13 a	10,000.
b	Less: medical savings account (MSA) or health savings account (HSA) distributions	b	
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1).	14	74,100.

2022

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Estimated Tax Payments for 2022 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/22	10,000.	04/18/22	45,000.	KS	04/18/22	15,000.	BEN
2	06/15/22	8,000.	06/15/22	45,000.	KS	06/15/22	25,000.	KC
3	09/15/22	9,000.	09/15/22	28,000.	KS	09/15/22	15,000.	SL
4	11/17/22	6,000.	11/17/22	2,000.	KS	01/17/23	9,764.	SL
5								
Tot Estimated Payments . . .		33,000.		120,000.			64,764.	

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2022					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7	33,000.	120,000.		64,764.	
9	2022 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2						
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St	_____	Loc	_____		
18 a	Other withholding	St	_____	Loc	_____		
b	Other withholding	St	_____	Loc	_____		
c	Other withholding	St	_____	Loc	_____		
d	Positive Adjustment	St	_____	Loc	_____		
e	Negative Adjustment	St	_____	Loc	_____		
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f						
20	Total Tax Payments for 2022				33,000.	120,000.	64,764.

Prior Year Taxes Paid In 2022 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2021 extensions				
22	2021 estimated tax paid after 12/31/2021	80,000.	KS	85,000.	KC
23	Balance due paid with 2021 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2022

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Name(s) Shown on Return
Sandra L isom

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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	-10,233.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2021 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	-10,233.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) S t a t e	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 340,000.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 340,000.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 35,000.00

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	35,000.00
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2021 Amount	Enter 2022 description:
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	
b	Foreign taxes from interest and dividends	
c	Foreign taxes from Schedule(s) K-1	
d	Other foreign taxes (not used to claim a foreign tax credit)	
e	Other taxes.	
	2021 Amount	Enter 2022 description:
	_____	_____
	_____	_____
	_____	_____
f	Foreign real property taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet or line A2 in the smart worksheet above if the loan is limited	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a)	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet or line B2 in the smart worksheet above if the loan is limited	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b)	_____
7	Points not reported on Form 1098:	
a	Points not on Form 1098 from the Home Mortgage Interest Worksheet or line C2 in the smart worksheet above if the loan is limited	_____
b	Less points deducted on Form 8829	_____
c	Add lines 7a through 7c (to Schedule A, line 8c)	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2022

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Name(s) Shown on Return
Sandra L isom

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State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1
2	2022 state estimated taxes paid in 2022	2 120,000.
3	2021 state estimated taxes paid in 2022	3 80,000.
4	Amount paid with 2021 state application for extension	4
5	Amount paid with 2021 state income tax return	5
6	Overpayment on 2021 state income tax return applied to 2022 tax	6
7	Other amounts paid in 2022 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2022 local estimated taxes paid in 2022	10 55,000.
11	2021 local estimated taxes paid in 2022	11 85,000.
12	Amount paid with 2021 local application for extension	12
13	Amount paid with 2021 local income tax return	13
14	Overpayment on 2021 local income tax return applied to 2022 tax	14
15	Other amounts paid in 2022 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18 340,000.
19	State and local refund allocated to 2022	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20.	21
22	Total state and local income tax deduction Line 18 less line 21	22 340,000.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26 %
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28

Schedule A

Deductible Home Mortgage Interest Worksheet

2022

Name(s) Shown on Return
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Part 1 - Home Mortgage Loan Information

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2022					
Points paid in 2022 on 1098					
Points paid in 2022 not on 1098					
Mortgage origination date					
Months loan outstanding					
Principal paid on loan in 2022					
Were all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Was the mortgage interest reported to you on form 1098?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Home Debt Originating after December 15, 2017

Beginning of year balance					
Borrowed in 2022					
Home equity debt					
Principal applied					
Ending balance					
Enter amount of debt used to buy, build or substantially improve the home.					
Average balance.					

Home Debt Originating after October 13, 1987 and on or before December 15, 2017

Beginning of year balance					
Home equity debt					
Principal applied					
Ending balance					
Home equity debt					
Enter amount of debt used to buy, build or substantially improve the home.					
Average balance.					

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

Beginning of year balance					
Principal applied					
Ending balance					
Enter amount of debt used to buy, build or substantially improve the home *					
* Per Pub. 936, all interest from grandfathered debt is deductible. The program will automatically treat the entire amount of debt as being used to buy, build or substantially improve the home					
Average balance.					

Deductible Home Mortgage Interest Worksheet**2022**

► Keep for your records

Page 2

Part 2 – Qualified Loan Limit

Qualified loans acquired prior to October 14, 1987		
1	Average balance of debt acquired prior to October 14, 1987 (grandfathered debt)	1
Qualified loans acquired after October 13, 1987 and before December 16, 2017		
2	Average balance of debt acquired after October 13, 1987 and before December 16, 2017	2
3	Enter \$1,000,000 (\$500,000 if married filing separately)	3
4	Enter larger of the amount on line 1 or the amount on line 3.	4
5	Add the amounts on lines 1 and 2. Enter the total here	5
6	Enter the smaller of the amount on line 4 or the amount on line 5.	6
Qualified loans acquired after December 15, 2017		
7	Average balance of debt acquired after December 15, 2017	7
8	Enter \$750,000 (\$375,000 if married filing separately)	8
9	Enter larger of the amount on line 6 and the amount on line 8.	9
10	Add the amounts on lines 6 and 7. Enter the total here.	10
Total qualified loans		
11	Enter the smaller of line 9 or line 10. This is your qualified loan limit	11

Part 3 – Deductible Home Mortgage Interest

12	Enter the total of the average balances of all mortgages from lines 1, 2 and 7 on all qualified homes. See the line 12 instructions	12
13	Interest from loans excluded from limitation worksheet reported on 1098 subject to limitation	13
14	Total amount of interest that you paid on the loans from line 12 reported on form 1098.	14
15	Interest from loans excluded from limitation worksheet not reported on 1098 subject to limitation	15
16	Total amount of interest that you paid on the loans from line 12 not reported on form 1098.	16
17	Divide line 11 by line 12. This is the limitation percentage.	17
18	Multiply line 14 by the decimal amount on line 17.	18
19	Interest from loans excluded from limitation worksheet reported on 1098 not subject to limitation	19
20	Total acquisition points from all loans reported on a 1098	20
21	Multiply line 20 by the decimal amount on line 17.	21
22	Add lines 18, 19 and 21. This is deductible home mortgage interest and points for loans reported on form 1098. Enter this amount on Schedule A line 8a . . .	22
23	Multiply line 16 by the decimal amount on line 17.	23
24	Interest from loans excluded from limitation worksheet not reported on 1098 not subject to limitation	24
25	Total acquisition points from all loans not reported on a 1098	25
26	Multiply line 25 by the decimal amount on line 17 (Schedule A Line 8c)	26
27	Add lines 23 and 24. This is deductible home mortgage interest and points for loans not reported on form 1098. Enter this amount on Schedule A line 8b.	27
28	Subtract line 18 from line 14	28
29	Subtract line 23 from line 16	29
30	Add lines 28 and 29. This is not home mortgage interest	30

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Name(s) Shown on Return <u>Sandra L isom</u>	Social Security Number <u>515-72-7486</u>
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Cash Contributions

[illegible]

Charitable Deduction Limits Worksheet For Current Year Contributions

2022

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Name(s) Shown on Return <u>Sandra L isom</u>	Social Security Number <u>515-72-7486</u>
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Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 60% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	65,000.
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	-10,233.
----------	--	----------	----------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	
11	Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13.	14	
15	Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	0.
17	Add lines 5, 6, and 7.	17	
18	Subtract line 17 from line 16	18	0.
19	Multiply line 8 by 0.3	19	0.
20	Add lines 3 and 4	20	65,000.
21	Deductible amount. Enter the smallest of line 18, 19, or 20 . .	21	0.
a	Cash portion of deductible amount - for Sch A line 11	a	0.
b	Non-cash portion of deductible amount - for Sch A line 12. . . .	b	
22	Carryover. Subtract line 21 from line 20	22	65,000.

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26 . . .	27	
28	Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		
F Qualified contributions subject to limit based on 100% of AGI				
(If line 1 is zero, leave lines 38 through 42 blank)				
38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		
G Deduction for the year				
43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43	0.	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		65,000.

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2022

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Name(s) Shown on Return
Sandra L isom

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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 60% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	-10,233.
Percentage of line 8	Used in Current Year	
a 60% AGI limit to line 9	0. Less 0.	a 0.
b 50% AGI limit to line 12	0. Less 0.	b 0.
c 30% AGI limit, Section C to line 19	0. Less 0.	c 0.
d 30% AGI limit, Section D to line 26	0. Less 0.	d 0.
e 20% AGI limit to line 35	0. Less 0.	e 0.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a Cash portion of deductible amount - for Sch A line 11	a	
b Non-cash portion of deductible amount - for Sch A line 12	b	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		
F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)				
(If line 1 is zero, leave lines 38 through 42 blank)				
38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		
G Deduction for the year				
43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		
Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.				

Charitable Contributions Summary

► Keep for your records

2022

Name(s) Shown on Return Sandra L isom	Social Security Number 515-72-7486
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
religious	10,000.		10,000.	
religious	55,000.		55,000.	
Totals:	65,000.		65,000.	

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total (a) Total	Other Property (b) 50% Limit	Capital Gain Property (c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2023

	Total (a) Total	Cash and Other Non-Capital Gain Property (b) 60% Limit	(c) 50% Limit	(d) 30% Limit	Capital Gain Property (e) 30% Limit	(f) 20% Limit
1 2022 contributions . .	65,000.			65,000.		
2 2022 contributions allowed	0.			0.		
3 Carryovers from:						
a 2021 tax year						
b 2020 tax year						
c 2019 tax year						
d 2018 tax year						
e 2017 tax year						
4 Carryovers allowed in 2022						
5 Carryovers disallowed in 2022						
6 Carryovers to 2023:						
a From 2022.	65,000.			65,000.		
b From 2021.						
c From 2020.						
d From 2019.						
e From 2018.						
f From 2017.						

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 60%/50% charity? ☒ Yes ☐ No

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2022

► Keep for your records

Name(s) Shown on Return

Sandra L isom

Social Security Number

515-72-7486

FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	35,000.
b	Educator Expense Deduction (from 1040, line 23)	2b	300.
c	Excess Educator Expenses (line 2a less line 2b).	2c	34,700.
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	
8	Entertainment expenses	8	
9	Other:	9	
10	Combine lines 1 through 9	10	34,700.

FOR STATE USE ONLY:**Miscellaneous Expenses – Subject to 2% Limitation**

Check the box in investment column if an investment expense

Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	RESERVED		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other:			
a	Prior year government unemployment benefits repaid in 2022		26	
b				
27	Combine lines 11 through 26		27	

FOR FEDERAL AND STATE USE:**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

- Keep for your records

Name(s) Shown on Return Sandra L isom	Social Security Number 515-72-7486
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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750? <input type="checkbox"/> Yes. Add \$400 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,150		1
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,950 • Married filing jointly — \$25,900 • Head of household — \$19,400		2
3	Standard deduction.		
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1958, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b		3 a
3 b	If born before January 2, 1958, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,400 (\$1,750 if single or head of household)		3 b
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12		3 c

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1z, and Schedule 1, lines 3, 6, 8r, 8t, and 8u minus the amount, if any, on Schedule 1, line 15.

Earned Income Worksheet**2022**

► Keep for your records

Name(s) Shown on Return

Sandra L isom

Social Security Number

515-72-7486

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	-1,633.		-1,633.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	-1,633.		-1,633.
d One-half of self-employment tax			
e Subtract line 1d from line 1c	-1,633.		-1,633.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	-1,633.		-1,633.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . .	-1,633.		-1,633.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc			
7 a Taxable employer-provided adoption benefits. . .			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	-1,633.		-1,633.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	-1,633.		-1,633.
11 Scholarship or fellowship income not on W-2 . . . plus wages while incarcerated			
12 SE exempt earnings less nontaxable income . . .			
13 Distributions from nonqualified/Sec. 457 plans . . .			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	-1,633.		-1,633.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	-1,633.		-1,633.
16 Wages, salaries, tips, etc			
17 Net self-employment loss	1,633.		1,633.
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2. . .			

Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

23 Self-employed, church and statutory employees . .	-1,633.		-1,633.
24 Wages, salaries, tips, etc			
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	-1,633.		-1,633.

Form 1040
Line 27

Earned Income Credit Worksheet

2022

► Keep for your records

Name(s) Shown on Return
Sandra L isom

Social Security Number
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- QuickZoom** to Schedule EIC ►
QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 line 1z	1	
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Medicaid Waiver Payments reported as nontaxable	c	0.
3	Subtract lines 2a, 2b and 2c from line 1	3	0.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	-1,633.
6	Earned income. Add lines 3, 4, and 5.	6	-1,633.
7	Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children.	7	0.
	If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
8	Enter your AGI from Form 1040, line 11	8	
9	If you have: <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$9,200 (\$15,300 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$20,150 (\$26,300 if married filing jointly)? <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">X</div> <div>Yes. Go to line 10 now.</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"></div> <div>No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</div> </div>	9	
10	Earned income credit. <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9. 	10	

Enter line 10 amount on Form 1040, line 27.

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2022?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2022?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2022.

Compliance and Due Diligence Indicator☐ X

Disqualified from Earned Income Credit.☒ Yes ☐ No

Potential qualifying child count▶ 1

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 1

Schedule SE Adjustments Worksheet

2022

► Keep for your records

Name(s) Shown on Return Sandra L isom		Social Security Number 515-72-7486	
	(a) Taxpayer	(b) Spouse	
QuickZoom to the Long Schedule SE ►	<input type="checkbox"/>	<input type="checkbox"/>	
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>	
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .			
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).			
Part I Farm Profit or (Loss) Schedule SE, line 1			
1 Total Schedules F			
2 Farm partnerships, Schedules K-1			
3 Other SE farm profit or (loss) (See Help)			
4 Less SE exempt farm profit or (loss) (See Help)			
5 Total for Schedule SE, line 1			
6 Conservation Reserve Program payments not subject to self-employment tax reported on:			
a Schedule F, line 4b			
b Schedule K-1 (Form 1065), box 20, code AH			
c Total CRP payments not subject to SE tax			
Part II Nonfarm Profit or (Loss) Schedule SE, line 2			
1 a Total Schedules C	-1,633.		
b Less SE exempt Schedules C (approved Form 4361)			
2 Nonfarm partnerships, Schedules K-1			
3 Forms 6781			
4 Other SE income reported as income on Form 1040, line 7			
5 a Clergy Form W-2 wages			
b Clergy housing allowance			
c Less clergy business deductions			
d QuickZoom to the Explanation statement for entry on line 5c.			
6 Other SE nonfarm profit or (loss) (See Help)			
7 Less other SE exempt nonfarm profit or (loss) (See Help)			
8 Total for Schedule SE, line 2	-1,633.		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .			
Part III Farm Optional Method Schedule SE, page 2, Part II			
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross farm income from Schedules F			
3 Gross farming or fishing income from partnership Schedules K-1 . .			
4 Other gross farming or fishing self-employment income			
5 Total gross income for Farm Optional Method			
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II			
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross nonfarm income from Schedules C			
3 Gross nonfarm income from partnership Schedules K-1			
4 Other gross nonfarm self-employment income			
5 Total gross income for Nonfarm Optional Method			

Schedule 1
Line 10

Educator Expenses Worksheet

2022

► Keep for your records

Name(s) Shown on Return
Sandra L isom

Social Security Number
515-72-7486

Caution: Do not enter the same educator expenses on Schedule A or Form 2106. The program will automatically transfer remaining educator expenses to the Miscellaneous Itemized Deductions Worksheet.

	Taxpayer	Spouse
1 Qualified educator expenses	35,000.	
2 Non-taxable Coverdell ESA distributions		
3 Non-taxable qualified tuition program distributions		
4 Subtract lines 2 and 3 from line 1.	35,000.	
5 Qualified educator expenses from line 4.		35,000.
6 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14.		
7 Subtract line 6 from line 5.		35,000.
8 Educator expenses deduction. Report this amount on Form 1040 Schedule 1, line 10 (see Help)		300.
9 Subtract line 8 from line 1. This amount transfers to the Miscellaneous Itemized Deductions Worksheet, line 2 when the box on line 10 is not checked		34,700.
10 Check the box if you do NOT want to transfer excess educator expenses to Schedule A, Miscellaneous Itemized Deductions Worksheet. ►		<input type="checkbox"/>

Note: Excess educator expenses are no longer deductible as a federal miscellaneous itemized deduction. They may be deductible for states, however, that do not conform to this federal change.

► Keep for your records

Name(s) Shown on Return Sandra L isom	Social Security Number 515-72-7486
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Use this worksheet to:

- enter credits from forms which are not included in the program
- enter the portion of the various credits that are passive
- enter passive credit allowed for publicly traded partnerships
- enter credits carried forward (or back) to this tax year
- indicate credits which are distributed by an eligible small business (on page 4 table below)

Lines of Form 3800, Part III that are not present in the worksheet:

- **Lines 1d and 4d** (Form 8586, Low-Income Housing Credit). Please enter all information for that credit directly on Form 8586.
- **Lines 1o, 1q, 1t, 1v, 1z, 1bb, and 1zz** - Enter all carryforwards that must appear on lines 1o, 1q, 1t, 1v, 1z, 1bb, or 1zz in the table provided on page 4 below.

Line 1a Investment Credit, Part II only (Form 3468)

1	Amount on Form 3468 line 10 generated by non-pass-through entities	1	
2	Amount from line 1 that is from a passive activity. Check if all passive. <input type="checkbox"/>	2	

Line 1c Credit for Increasing Research Activities (Form 6765)

1	Credit from Form 6765 not included on Schedule(s) K-1 (line 36*)	1	
2	Amount from line 1 that is from a passive activity. Check if all passive. <input type="checkbox"/>	2	

Line 1e Disabled Access Credit (Form 8826)

1	Credit from Form 8826 not included on Schedule(s) K-1 (line 6*)	1	
2	Amount from line 1 that is from a passive activity. Check if all passive. <input type="checkbox"/>	2	

Line 1f Renewable Electricity Production Credit (Form 8835)**

1	Credit from Form 8835 not included on Schedule(s) K-1 (line 18 plus cooperative credit included on line 19*)	1	
2	Amount from line 1 that is from a passive activity. Check if all passive. <input type="checkbox"/>	2	

For electricity or refined coal produced during the 4-year period beginning on the date the facility was placed in service or Indian coal produced, report that amount on line 4e. For all other production of electricity or refined coal, enter that amount here. Don't include the total amount on both lines 1f and 4e.

Line 1g Indian Employment Credit (Form 8845)**

1	Credit from Form 8845 not included on Schedule(s) K-1 (line 4 plus cooperative credit included on line 5*)	1	
2	Amount from line 1 that is from a passive activity. Check if all passive. <input type="checkbox"/>	2	

Line 1h Orphan Drug Credit (Form 8820)

1	Credit from Form 8820 not included on Schedule(s) K-1 (line 2c*)	1	
2	Amount from line 1 that is from a passive activity. Check if all passive. <input type="checkbox"/>	2	

Line 1i New Markets Credit (Form 8874)

1	Credit from Form 8874 not included on Schedule(s) K-1 (line 1*)	1	
2	Amount from line 1 that is from a passive activity. Check if all passive. <input type="checkbox"/>	2	

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2022

► Keep for your records

Name(s) Shown on Return Sandra L isom		Social Security Number 515-72-7486	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Sandra L isom

Social Security Number

515-72-7486

Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	-94,333.
2	Additions to income	2	
3	Add lines 1 and 2	3	-94,333.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-94,333.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	-84,333.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	-84,333.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	0.
6	Enter ATNOL carried to 2021 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)			
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	0.
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	0.

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$776,100:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$59,050	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$75,900 if single or head of household, \$118,100 if married filing jointly or qualifying surviving spouse, \$59,050 if married filing separately	1	75,900.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	-84,333.
3	Enter \$539,900 if single or head of household, \$1,079,800 if married filing jointly or qualifying surviving spouse, \$539,900 if married filing separately	3	539,900.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	75,900.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2022

► Keep for your records

Name(s) Shown on Return Sandra L isom		Social Security Number 515-72-7486	
1	Enter the amount from Form 6251, line 6	1	
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c	3	
4	Tax on the amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	

Federal Carryover Worksheet

2022

► Keep for your records

Name(s) Shown on Return

Sandra L isom

Social Security Number

515-72-7486

2021 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
KS		80,000.				
KC		85,000.				
Totals . .		165,000.				

2021 State Extension Information

(a) State	(b) Paid With Extension

2021 Locality Extension Information

(a) Locality	(b) Paid With Extension

2021 State Estimates Information

(a) State	(c) Estimates Paid After 12/31
KS	80,000.

2021 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31
KC	85,000.

2021 State Taxes Due Information

(a) State	(e) Paid With Return

2021 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2021 State Refund Applied Information

(a) State	(g) Applied Amount

2021 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2021 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2021 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Sandra L isom

515-72-7486

Other Tax and Income Information		2021	2022
1	Filing status	1	4 HH
2	Number of exemptions for blind or over 65 (0 - 4).	2	
3	Itemized deductions	3	84,100.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>
5	Adjusted gross income	5	-10,233.
6	Tax liability for Form 2210 or Form 2210-F	6	0.
7	Alternative minimum tax	7	
8	Federal overpayment applied to next year estimated tax	8	

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2021	2022
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	1,000.
b	Spouse's excess HSA contributions as of 12/31	b	1,000.

Loss and Expense Carryovers		2021	2022
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss	12 a	
b	AMT Short-term capital loss	b	
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	
b	AMT Investment interest expense disallowed	b	
16	Nonrecaptured net Section 1231 losses from:	16 a	
	a 2022	a	
	b 2021	b	
	c 2020	c	
	d 2019	d	
	e 2018	e	
	f 2017	f	
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a	
	a 2022	a	
	b 2021	b	
	c 2020	c	
	d 2019	d	
	e 2018	e	
	f 2017	f	

Credit Carryovers		2021	2022
18	General business credit	18	
19	Adoption credit from:	19 a	
	a 2022	a	
	b 2021	b	
	c 2020	c	
	d 2019	d	
	e 2018	e	
	f 2017	f	
20	Mortgage interest credit from:	20 a	
	a 2022	a	
	b 2021	b	
	c 2020	c	
	d 2019	d	
21	Credit for prior year minimum tax	21	
22	District of Columbia first-time homebuyer credit	22	
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23	

Other Carryovers				2021	2022
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2021 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2021					
b	2020					
c	2019					
d	2018					
e	2017					

27	2022 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2022		65,000.			
b	2021					
c	2020					
d	2019					
e	2018					

28 Amount overpaid less earned income credit.

Qualified Business Income Deduction (Section 199A) carryovers				2021	2022
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		
		2020	c		
		2021	d		

2021 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2022

► Keep for your records

Name(s) Shown on Return Sandra L isom	Social Security Number 515-72-7486
--	---------------------------------------

Description	Amount
Income	
Wages	
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	-1,633.
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	-1,633.
Adjustments	
Educator expenses	300.
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	8,300.
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	8,600.
Modified adjusted gross income	-10,233.

Depreciation Options

2022

Name(s) Shown on Return <u>Sandra L isom</u>	Social Security Number <u>515-72-7486</u>
---	--

Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

- 1 Enable state depreciation calculation for assets and vehicles associated with Form 2106 that contain a miscellaneous 2% itemized deduction ☐ Yes ☒ No
- 2 Enable state depreciation calculation for assets associated with Miscellaneous 2% Itemized Deductions ☐ Yes ☒ No

MACRS Convention and Computation

☒ Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2022, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

- 1 ☒ Half-year convention
- 2 ☐ Mid-quarter convention
- 3 Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited. If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

- | | |
|--|---|
| <p>1 a Elect to treat Qualified Real Property as "Section 179 Property"</p> <p>b Calculated "Total cost of Section 179 property placed in service"</p> <p>c Additions or subtractions to calculated total on line 1a</p> <p>2 If Married Filing Separately, enter:</p> <p>a Total cost of eligible property placed in service this year by spouse.</p> <p>b Allocation percentage elected for your return, if other than 50%.</p> <p>c Section 179 elected on Qualified Real Property this year by spouse</p> <p>3 a Taxable income computed for the Section 179 limitation</p> <p>b Additions or subtractions to taxable income</p> | <p>1 a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b <u>700.</u></p> <p>c _____</p> <p>2 a _____</p> <p>b _____ %</p> <p>c _____</p> <p>3 a _____</p> <p>b _____</p> |
|--|---|

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered: KS MO NC MD

- | | | | | | |
|---|--------------------------|-----|-------------------------------------|----|--|
| State | | | | | |
| Delete this state's depreciation data from Federal file when transferring to 2023 | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| State | | | | | |
| Delete this state's depreciation data from Federal file when transferring to 2023 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

State Section 179 Dollar Limitation

1	State.	1	
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	See State Section 179 Statement
c	Allocation percentage elected for state return	c	_____ %
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property".	3 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	
5	State threshold cost of Section 179 property.	5	
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	
8	Total state Section 179 elected (Cannot exceed line 7).	8	
9	Total state Section 179 elected on Qualified Real Property.	9	

State Defaults for post-2017 TCJA Autos/Trucks & Farm PropertyCheck box to reset all state Asset Class defaults shown below. ☐

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AZ	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AR	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
		See State Asset Class Default Statement					

State Defaults for Economic Stimulus Depreciation Allowance and 2022 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below. ☐

STATE CALC		STIMULUS BONUS DEPRECIATION			2022 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2027	Full	1,080,000.	2,700,000.
AZ	State	Full	12/31/2012	12/31/2027	Part	1,080,000.	2,700,000.
AR	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
					See State 2009 Economic Stimulus Default Statement		

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179Check box to reset all state Qualified Disaster Area defaults shown below. ☐

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
					See State Qualified Disaster Area Default Statement		

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179Check box to reset all state Kansas Disaster Zone defaults shown below ☐

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Kansas Disaster Zone Default Statement	

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)Check box to reset all state CBEPP defaults shown below ☐

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2020
AZ	Federal	Full	12/20/2006	12/31/2020
AR	None	N/A	N/A	N/A
			See State CBEPP Default Statement	

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179Check box to reset all state GO Zone defaults shown below ☐

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State GO Zone Default Statement	

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/VansCheck box to reset all state SDA & Truck/Van defaults shown below ☐

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	Y
				See State Pre-2006 SDA Default Statement				

State Defaults for Sec 179 on Computer Software & Qualified Real PropertyCheck box to reset all state Sec 179 defaults shown below ☐

STATE CALC		COMPUTER SOFTWARE		STATE CALC		QUALIFIED REAL PROPERTY	
						& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AR	Federal	TY2003	PERMANENT	None	N/A	N/A	
			See State Software/Real Property Sec 179 Default Statement				

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/EquipmentCheck box to reset all state Asset Class defaults shown below ☐

STATE CALC		FARM & RETAIL		STATE CALC		QUAL IMPROVEMENT PROP	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AZ	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AR	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017	
			See State Asset Class Default Statement				

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/Grafted

 Check box to reset defaults shown below. ☐

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/31/27
AZ	State	Full	12/31/12	12/31/27
AR	State	N/A	N/A	N/A
			See Fruit/Nut Tree/Vine SDA in Year Planted/Grafted	

- Keep for your records

PAGE 1

515-72-7486

[illegible]

Two-Year Comparison

2022

Name(s) Shown on Return

Sandra L isom

Social Security Number

Income	2021	2022	Difference	%
Wages, salaries, tips, etc				
Interest and dividend income				
State tax refund				
Business income (loss)		-1,633.	-1,633.	
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income		-1,633.	-1,633.	
Adjustments to Income		8,600.	8,600.	
Adjusted Gross Income		-10,233.	-10,233.	
Itemized Deductions				
Medical and dental		74,100.	74,100.	
Income or sales tax		340,000.	340,000.	
Real estate taxes		35,000.	35,000.	
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.	84,100.	84,100.	
Standard or Itemized Deduction		84,100.	84,100.	
Qualified Business Income Deduction		0.	0.	
Taxable Income		0.	0.	
Income tax		0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits		0.	0.	
Withholding				
Estimated and extension payments		33,000.	33,000.	
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		33,000.	33,000.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		33,000.	33,000.	
Balance Due				

Current year effective tax rate 0.00 %

Tax Summary
► Keep for your records

2022

Name (s)

Sandra L isom

Total income	-1,633.
Adjustments to income	8,600.
Adjusted gross income	-10,233.
Itemized/standard deduction	84,100.
Qualified business income deduction	0.
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	0.
Total tax	0.
Total payments	33,000.
Estimated tax penalty	
Amount Overpaid	33,000.
Refund	33,000.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

► Keep for your records

2022

Name(s) Shown on Return Sandra L isom	Social Security No 515-72-7486
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Your 2022 adjusted gross income (AGI) -10,233.
National adjusted gross income range used below from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages		9,967.
Taxable interest		1,811.
Tax-exempt interest		21,123.
Dividends		3,731.
Business net income less loss	-1,633.	-3,879.
Net capital gain		9,352.
Net capital loss		2,460.
Taxable IRAs		7,690.
Taxable pensions and annuities		8,055.
Rent and royalty net income less loss		-5,994.
Partnership and S corporation net income less loss		-103,820.
Taxable social security benefits		2,151.
Medical and dental expenses deduction	74,100.	23,906.
Taxes paid deduction	10,000.	4,757.
Interest paid deduction		11,159.
Charitable contributions deduction		2,319.
Total itemized deductions	84,100.	30,229.
Child care credit		144.
Education tax credits		159.
Child tax credit		179.
Retirement savings contributions credit		125.
Earned income credit		1,712.
Other Information	Actual Per Return	National Average
Adjusted gross income	-10,233.	-47.
Taxable income	0.	1,904.
Income tax	0.	353.
Alternative minimum tax		57,637.
Total tax liability	0.	757.

Estimated Taxes and Form W-4 Worksheet

Name: Sandra L isom
SSN: 515-72-7486

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2023 Federal Income Taxes

- ☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)
- ☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2023 withholding will be
- Overpayment from my 2022 return. 33,000.
- Amount of my 2022 overpayment to apply to 2023 instead of refunding it

Enter Your Filing Status and Other Information for Your 2023 Tax Return

Choose your filing status 4 - Head of household

Taxpayer age as of the end of 2023 56

Spouse age as of the end of 2023

Do you qualify for an additional standard deduction?

Taxpayer:

Spouse:

Total 0

☐ Check if you must itemize in 2023. (See Tax Help.)

Dependent of Another

☐ Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:

	2022	2023
Number of qualifying children dependents age 16 and under	0	0
Number of qualifying children dependents age 17 to 23	0	0
Number of other dependents on return	3	3

Enter Your 2023 Income and Deductions in 2nd column

	2022 Actual	2023 Expected
Compensation:		
Annual wages and salary for taxpayer		
Medicare wages for taxpayer (W-2 box 5)		
Annual wages and salary for spouse		
Medicare wages for spouse (W-2 box 5)		
Self-employment Income:		
Schedule C income for taxpayer	-1,633.	
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer	-1,633.	
Annual net income from self-employment for spouse		

W-2: ☐ Check to populate W-2 table from 2022 return

Employer **Owner** **Wages** **2022 Withholding** **2023 Wages** **2023 Withholding**

Schedule C: ☐ Check to populate Schedule C table from 2022 return

Name **Owner** **2022 Income** **2022 Expenses** **2023 Income** **2023 Expenses**

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		0.	
Qualified dividends			
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses			
Net long-term capital gains or losses			
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>) . . .		0.	
Foreign income or housing exclusions.			
Adjustments:			
Deductible IRA contributions, alimony, etc		8,600.	
Itemized Deductions:			
Total medical expenses		74,100.	
State and local property and income taxes (or sales tax)		10,000.	
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions		0.	
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Standard Deduction:			
Standard deduction		19,400.	20,800.

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	84,100.	20,800.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)	0.	
Credits:		
Earned Income Tax Credit		
Child Tax Credit		0.
Child and Dependent Care Credit		
Education Credits		
Other Credits.		

Sandra L isom

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Income Tax Calculation for Your 2023 Tax Return	2022 Actual	2023 Expected
Taxable income	0.	0.
Income tax	0.	
Alternative minimum tax (Enter Alt Min tax expected in 2023) . . .		
Premium tax credit repayment (Enter amt expected for 2023) . . .		
Total credits (Enter credits expected in 2023)		0.
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2023)	0.	
Total federal income tax	0.	0.

Enter the Tax Payments You've Already Made for Your 2023 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 18, 2023)	
Payment number 2 (June 15, 2023)	
Payment number 3 (September 15, 2023)	
2022 federal overpayment credited to 2023 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2023	
Federal income taxes to be withheld from your paychecks	
Your 2022 federal overpayment you applied to 2023	
Your 2023 federal estimated taxes,	
based on <u>100% of your 2022 actual tax</u>	
Estimate of total payments you will need to make for 2023	

Estimated Tax Payment Options

Name: Sandra L isom
SSN: 515-72-7486

Prepare My 2023 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2023 estimated taxable income	<u>0.</u>
<input type="checkbox"/> 100% of tax on your 2023 estimated taxable income	<u>0.</u>
<input type="checkbox"/> 66-2/3% of tax on your 2023 estimated taxable income (for farmers and fishermen only, see Tax Help)	<u>0.</u>
<input checked="" type="checkbox"/> 100% (110%) of your 2022 taxes (prior-year exception) Note: If your 2022 taxes were less than \$1000, see Tax Help	<u>0.</u>

Amount of Estimated Taxes to Pay in 2023	
Taxes based on method above	<u>0.</u>
Expected withholding for 2023 . . . (.2022 actual withholding)	<u>0.</u>
Taxes due after withholding	<u>0.</u>
Estimates you've already paid	<u></u>
Last year's overpayment you applied to this year	<u></u>
Balance of estimated taxes due	<u>0.</u>

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2023	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 18, 2023	<u></u>
<input type="checkbox"/> Payment number 2, due June 15, 2023	<u></u>
<input type="checkbox"/> Payment number 3, due September 15, 2023	<u></u>
<input type="checkbox"/> Payment number 4, due January 16, 2024	<u></u>

Total estimated tax payments for 2023	<u></u>
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Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Sandra L isom</u>
SSN:	<u>515-72-7486</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2023	Taxpayer	Spouse
Your annual salary for this year	<u> </u>	<u> </u>
Salary you have already received in 2023	<u> </u>	<u> </u>
Your remaining salary for this year	0 .	<u> </u>
Number of paychecks you have remaining this year	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
How often you are paid	<u> </u>	<u> </u>
Your gross salary per pay period	<u> </u>	<u> </u>

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	<u> </u>	<u> </u>
Additional withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding through remainder of year	<u> </u>	<u> </u>
Top tax rate being withheld	<u> </u> %	<u> </u> %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding per pay period	<u> </u>	<u> </u>
Increase/(decrease) in net pay per pay period	<u> </u>	<u> </u>

Summary of Federal Income Taxes to be Withheld in 2023: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	<u> </u>
Spouse's withholding	<u> </u>
Total withholding	<u> </u>

What-If Worksheet

2022

Name(s) shown on return

Sandra L isom

515-72-7486

Select calculation alternatives by checking the appropriate box below:

☒ **MFJ vs. MFS:** Perform married filing joint versus married filing separate comparison

Copy columns:

- ☐ Copy column 1 to column 2
- ☐ Copy column 1 to column 3
- ☐ Copy column 1 to column 4
- ☐ Copy column 2 to column 3
- ☐ Copy column 2 to column 4
- ☐ Copy column 3 to column 4

Add columns:

- ☐ Add column 1 to column 2 and store result in column 3.
- ☐ Add column 2 to column 3 and store result in column 4.

Subtract column:

- ☐ Subtract column 3 from column 2 and store in column 4.

Clear amounts in column:

(Amounts will disappear) . . . ☐ Column 2 ☐ Column 3 ☐ Column 4

	(1)	(2)	(3)	(4)
Description of Alternatives	Current Tax Return	Joint 2022	Taxpayer 2022	Spouse 2022

Check box to use 2023 tax rates

☐
☐
☐

	4 - HOH	2 - MFJ	3 - MFS	3 - MFS
1 Filing status	4 - HOH	2 - MFJ	3 - MFS	3 - MFS
2 If separate, live together? . .		Yes		
3 Taxpayer's age.	55	55	55	47
4 Spouse's age.	47	47	47	47
5 Dependent of another? . . .	No	No	No	No
6 Taxpayer's wages, etc. . . .				
7 Spouse's wages, etc.				
8 a Taxable interest income . .				
b Tax exempt interest income .				
9 a Ordinary dividends				
b Qualified dividends				
10 Taxable income tax refunds .				
11 Alimony received.				
12 Taxpayer's bus inc or loss . .	-1,633.	-1,633.	-1,633.	0.
Spouse's bus inc or loss . . .				
13 Capital gain or loss		0.	0.	0.
14 Other gains and losses . . .				
15 Taxable IRA distribution . . .				
16 Taxable pensions, etc.				
17 Rents, royalties, partner- ships, estates, trusts, etc . . .				
18 Taxpayer's farm inc or loss . .				
Spouse's farm inc or loss . . .				
19 Taxable Unempl comp				
20 a Total social security recvd. .				
b Taxable social security		0.	0.	0.
21 a Taxpayer's foreign excl . . .				
b Spouse's foreign excl				
c Other income.				
22 Total Income	-1,633.	-1,633.	-1,633.	0.

23	Educator expenses	300.	300.	250.	250.
24	Certain exp of reservists perf artists, gov't officials . .				
25	Health savings acct dedn . .	8,300.	8,300.	8,300.	
26	Moving expenses				
27	SE tax deduction		0.	0.	0.
28	SEP, SIMPLE, Qual'd Plans				
29 a	SE health ins premiums pd .				
b	SE health insurance dedn . .				
30	Penalty — early withdrawal .				
31	Alimony paid				
32	IRA deduction		-1,633.	-1,633.	
33 a	Student loan interest paid . .				
b	Student loan interest dedn .		0.		
34	Archer MSA				
35	Other adjustments				
36	Total Adjustments	8,600.	6,967.	6,917.	250.
37	Adjusted gross income . .	-10,233.	-8,600.	-8,550.	-250.
38	Number of boxes checked (over 65/blind)				
39	Itemized deductions (see Itemized Deduction Summary, page 3)	84,100.	84,100.	42,050.	42,050.
	QuickZoom to the Itemized Deduction Summary, page 3 ▶				
	Standard deduction				
40	Income after deduction . . .	-94,333.	-92,700.	-50,600.	-42,300.
41	Qualified business income deduction	0.			
42	Taxable Income	0.	0.	0.	0.
43 a	Tax (Schedules or Tables) .	0.			
b	Tax from Sch D or qual divs				
c	Foreign earned inc tax wks .				
d	Tax from Form 8814				
e	Additional taxes				
f	Total Taxes	0.			
44	Alternative minimum tax . .		0.	0.	0.
45	Premium tax credit repay . .				
46	Add lines 43, 44 and 45 . .	0.	0.	0.	0.
47	Foreign tax credit, Fm 1116				
48	Child/dependent care cred .		0.	0.	0.
49	Education credits		0.	0.	0.
50	Retirement contr credit . .				
51	Child tax credit/credit for other dependents				
52	Energy efficient home improvement credit limit . .				
53	Residential energy credit . .				
54 a	Credit for elderly & disabled.			0.	0.
b	Mortgage interest credit . .				
c	Certain vehicle credits . . .				
d	Other credits				
55	Add lines 48 through 55 . .		0.	0.	0.
56	Subtract Ln 56 from Ln 47	0.	0.	0.	0.
57	Self-employment tax				
58	Unreported SS/Med tax . . .				
59	Add'l taxes on retiremt distr .	0.	0.	0.	0.
60 a	Household employment tax .				
b	First-time homebuyer repay				
61 a	Add'l 0.9% Medicare tax . .		0.	0.	0.
b	Net investment income tax .		0.	0.	0.
c	Other taxes				
62	Total Tax	0.			

Payments

63 a Withholding, estimates, etc .	33,000.	33,000.	16,500.	16,500.
b Add'l Medicare Tax withheld				
64 Earned income credit		0.	0.	0.
65 Refundable child tax credit .				
66 American opportunity credit .				
67 Net premium tax credit . . .				
68 Reserved				
69 Excess social sec withheld .			0.	0.
70 Fuel tax credit				
71 Other credits(included refun dable child care credit, 2021 only)				
72 Amount Paid	33,000.	33,000.	16,500.	16,500.
Refund (Balance Due) . . .	33,000.	33,000.	16,500.	16,500.

Itemized Deductions Summary

	(1)	(2)	(3)	(4)
Force itemized deductions?	Force Itemized	Force Itemized	Force Itemized	Force Itemized
1 Medical & dental exp paid . .	74,100.	74,100.	37,050.	37,050.
2 Allowable medical and dental expenses	74,100.	74,100.	37,050.	37,050.
3 a State and local taxes	375,000.	375,000.	187,500.	187,500.
b Limit.	10,000.	10,000.	5,000.	5,000.
4 Other taxes				
5 Total taxes	10,000.	10,000.	5,000.	5,000.
6 Mortgage interest				
7 a Mortgage insur prem pd . .				
b Allowable mort insur prem .				
8 Investment interest				
9 Total interest				
10 a Gifts to charity (50%/60%) .	0.	0.	0.	0.
b 100% Cash Donations. . . .				
11 Charitable deduction.		0.	0.	0.
12 Casualty losses				
13 a Other miscellaneous dedn tions exc gambling/casualty losses not subject to 2% of adjusted gross income . .				

b	Gambling loss & casualties .				
c	Total other miscellaneous deductions				
14	Total itemized deductions . .	84,100.	84,100.	42,050.	42,050.

Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, and Green Dot Bank Refund Processing Service Agreement ("Agreement")Name: Sandra L isomSocial Security No.: 515-72-7486

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2022 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$0.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND(S), TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND(S) OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND(S) DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND(S) OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2022 FEDERAL INCOME TAX RETURN(S) AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2023). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2022 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 33,000.00
Less Processor Refund Processing Fee	\$ 0.00
Less TurboTax Fees	\$ 84.50
Less Fees for Additional Products and Services Purchased	\$ 59.00
Expected Proceeds*	\$ 32,817.50

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2022 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor

to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds at the time your tax refund is processed to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax (collectively, "Fees"), or if your refund proceeds are delayed (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction. You also authorize any amounts outstanding pursuant to this paragraph to be deducted from refunds you may receive up to 24 months after the date of this Agreement and processed through Processor. Additionally, if the Fees are not fully repaid from the Deposit account for any other reason not specified above, (a) you authorize Processor to automatically deduct such Fees (or any portion thereof) or attempt to deduct such Fees for up to 4 months after your tax return was accepted via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2022 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2022 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3, including the \$0.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund(s). No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or via the Internet at <http://sbtptg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 124071889

Account # 6210210415385

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial

institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refunds to the IRS and you will need to work with the IRS directly for disbursement.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. **Compensation.** In addition to any fees paid directly by you to Intuit Inc., Processor will pay

compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

11. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim

shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

12. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2022 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2022 TurboTax(Registered Trademark) User Agreement, (iii) You consent to the release of your 2022 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 11; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 11/2021

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and checking account information • transaction history and payment history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank share?
	For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	Yes
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	No
Questions?	Call Toll Free: 800-901-6663	

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What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • tell us where to send the money or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies, such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Green Dot Bank does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>

**Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation,
a Delaware corporation, and Civista Bank Refund Processing Service Agreement ("Agreement")**Name: Sandra L isomSocial Security No.: 515-72-7486

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2022 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$0.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND(S), TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND(S) OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND(S) DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND(S) OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2022 FEDERAL INCOME TAX RETURN(S) AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2023). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2022 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 33,000.00
Less Processor Refund Processing Fee	\$ 0.00
Less TurboTax Fees	\$ 84.50
Less Fees for Additional Products and Services Purchased	\$ 59.00
Expected Proceeds*	\$ 32,817.50

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2022 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will

be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds at the time your tax refund is processed to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax (collectively, "Fees"), or if your refund proceeds are delayed (a) you authorize Processor to automatically deduct such Fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. You also authorize any amounts outstanding pursuant to this paragraph to be deducted from refunds you may receive up to 24 months after the date of this Agreement and processed through Processor. Additionally, if the Fees are not fully repaid from the Deposit account for any other reason not specified above, (a) you authorize Processor to automatically deduct such Fees (or any portion thereof) or attempt to deduct such Fees for up to 4 months after your tax return was accepted via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2022 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2022 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3, including the \$ 0.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund(s). No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or via the Internet at <http://sbtpg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 124071889

Account # 6210210415385

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s)

but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund(s) to the IRS and you will need to work with the IRS directly for disbursement.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. Compensation. In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

11. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

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11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

12. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2022 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2022 TurboTax^(R) User Agreement, (iii) You consent to the release of your 2022 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 11; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 09/2021

Civista Bank Tax Product Privacy Policy**FACTS** What does Civista Bank do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none">• Social Security number and account balances• payment history and transaction history• overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Call Toll Free: 800-901-6663 or go to www.civista.bank	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ● Sharing for affiliates everyday business purposes — information about your creditworthiness, ● Affiliates from using your information to market to you, ● Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● Our joint marketing providers include: financial service providers that offer additional payment products.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Sandra L isom

Primary SSN: 515-72-7486

Federal Return Submitted: 2023-02-08T02:20:27.639-08:00

Federal Return Acceptance Date: 02/08/2023

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2023. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 18, 2023, your Intuit electronic postmark will indicate April 18, 2023, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2023, and a corrected return is submitted and accepted before April 23, 2023. If your return is submitted after April 23, 2023, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2023. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 16, 2023, and the corrected return is submitted and accepted by October 21, 2023.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the Max bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Sandra

ISOM

Please type the date below:

01/28/2023

Date



IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2023.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Green Dot Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2023.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	Free option with your purchase of a Tax Product ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2023.

²The charges here consist of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2022

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐

Preparer Tax ID # (PTIN) _____

NY Tax Preparer Registration # _____ or NY Exclusion Code _____

For NM, OR Preparers Only: State ID# _____

Preparer E-mail _____ Print date on return? ☐

Preparer Phone _____ CAF # _____

Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
- ☐ File **state** returns electronically
- ☐ File **other** returns electronically

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
- ☐ State return printed and mailed to state agency
- ☐ Other return printed and mailed

Select state returns to file by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- ☐ File **federal** amended return(s) electronically
- ☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

State(s)

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

☐ Sign return electronically using Practitioner PIN

☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)

☐ Taxpayer(s) entered own PIN(s)

☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Date PIN entered.

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

	Driver's license
	State issued identification card
	Passport
	Account statement from financial institution
	Utility billing statement
	Credit card billing statement

	To indicate a client return download in FnF
	New Finish and File enabled

[illegible]

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

[illegible]

Suggestion ID	Suggestion
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[illegible]

Loan Agreement

See the PDF version of this

☐ Show form in forms mode - developer option

Sandra L isom	NAME
515-72-7486	SSN

<input type="checkbox"/>	Agree	_____
<input type="checkbox"/>	Not Agree	
<input type="checkbox"/>	Agreed	

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0.00 FEE - paragraph 1	
33,000.00 L1 - para 3 - expected fed refund	
0.00 L2 - para 3 - processor refund processing fee - rtfee	
84.50 L3 - para 3 - TurboTax Fees	
59.00 ADDPRDS - para 3 - Additional products	
32,817.50 L4 - para 3 - expected proceeds	
0.00 FEE2 - para 6	

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<input type="checkbox"/>	Agree	<hr/>
<input type="checkbox"/>	Not Agree	
<input type="checkbox"/>	Agreed	

Smart Worksheets From 2022 Federal Tax Return

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Qualified Mortgage Insurance Premiums Smart Worksheet	
A	Qualified Mortgage Insurance Premiums
1	Principal Residence — Enter the premiums paid in 2022 for qualified mortgage insurance for a contract entered into after 2006 not entered on Form 1098
2	Qualified mortgage insurance premiums from the Home Mortgage Interest Wks.
3	Qualified mortgage insurance premiums from Schedule E Worksheet
4	Less qualified mortgage insurance premiums deducted on Form 8829
5	Total qualified mortgage insurance premiums
B	Amount from Form 1040, line 11
C	\$100,000 (\$50,000 if married filing separately) 100,000.
D	Is the amount on Line B more than the amount on line C?
<input checked="" type="checkbox"/>	No. The deduction is not limited. The amount from line A above goes on Schedule A, line 8d.
<input type="checkbox"/>	Yes. Line C subtracted from line B. If the result is not a multiple of \$1,000 (\$500 if married filing separately) it is increased to the next multiple of \$1,000 (\$500 if married filing separately)
E	Line D divided by \$10,000 (\$5,000 if married filing separately). The result is a decimal. If the result is 1.0 or more then 1.0.
F	Line A multiplied by line E
G	Qualified mortgage insurance premiums deduction. Line F subtracted from line A. The result goes on Schedule A, line 8d.

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

<p>Important: This form calculates a "temporary" tax provision. This credit will be calculated for eligible payees prior to the expiration date shown below. If the expiration date shows "Expired", this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.</p>	
Temporary tax provision	Expiration Date
Mortgage Insurance Premium Deduction (sec. 163(h)(3))	Expired

SMART WORKSHEET FOR: Schedule C (sole proprietorship): Profit or Loss from Business

Business Address Information Smart Worksheet	
Business street address. . . 5436 SW 12th Ter, Apt. 2	
City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)	
Topeka	KS 66604-2344
Or, foreign country information:	

SMART WORKSHEET FOR: Schedule C (sole proprietorship): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>	
A	QBI worksheet to report (double-click to link) ▶ <u>Awesome Tech Pty Ltd</u>
B	Trade or Business Name <u>Awesome Tech Pty Ltd</u>
C	Trade or Business ID Number
D 1	Is this a Specified Service Trade or Business (SSTB)? . <input type="checkbox"/> Yes <input type="checkbox"/> No
2	If No, is income attributable to a SSTB? (see Help) . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
3	QBI worksheet for SSTB income (this will auto-populate if Yes)
4	Percentage of qualified income attributable to SSTB %
E 1	Tentative Sch C profit (loss) from this business -1,633.
2	Adjustments to qualified business income 0.
3	Tentative Sch C profit (loss) from qualified business -1,633.
4 a	Calculated QBI allowed after passive/at-risk limits -1,633.
b	Adjustments to allowed QBI
c	Allowable QBI after loss limits -1,633.
5	Self employed deductions connected to this business
a	Self employed health insurance for this business 0.
b	Total deduction for 1/2 self employment tax
c	Deduction for 1/2 S.E. tax connected to this business 0.
d	Total deduction for S.E. retirement contributions
e	S.E. retirement deduction connected to this business 0.
	Total self employed deductions connected to this business 0.
6	Sch C profit (loss) after S.E. deductions -1,633.
7	Additional deductions related to this business reported on separate schedules
8	Net profit (loss) after adjustments, limitations, and deductions -1,633.
9	Allowable Sch C profit (loss) allocated to SSTB 0.
10	Allowable Sch C profit (loss) from this business -1,633.
F 1	Ordinary gain (loss) from business assets 0.
2	Ordinary gain (loss) adjustments
3	Qualified ordinary gain (loss) 0.
4 a	Calculated QBI allowed after passive/at-risk limits 0.
b	Adjustments to allowed QBI
c	Allowable short-term qualified gain (loss) after passive/at-risk limits 0.
5	Allowable ordinary gain (loss) allocated to SSTB 0.
6	Allowable ordinary gain (loss)/recapture from this business 0.
G 1	Section 1231 gain (loss) from business assets 0.
2	Section 1231 gain (loss) adjustments
3	Section 1231 gain (loss) from qualified business 0.
4 a	Calculated QBI allowed after passive/at-risk limits 0.
b	Adjustments to allowed QBI
c	Allowable ordinary 1231 qualified gain (loss) 0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB 0.
6	Allowable ordinary 1231 gain (loss) from this business 0.

SMART WORKSHEET FOR: Schedule C (sole proprietorship): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	-1,633.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wksht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	700.
2 Adjustments	
3 Qualified UBIA	700.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	

SMART WORKSHEET FOR: Schedule C (sole proprietorship): Profit or Loss from Business

Carryovers to 2022 Smart Worksheet, Continued		
	Regular Tax	QBI
Disallowed Section 179 Deduction by Year		
Before 2018 . . . A Section 179 carryover.		0.
2018 B Section 179 carryover.		
2019 C Section 179 carryover.		
2020 D Section 179 carryover.		
2021 E Section 179 carryover.		
Disallowed At-Risk Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
2021 M Operating loss		
N Form 4797 ordinary loss		
O Form 4797 long-term loss		
Disallowed Passive Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
2021 M Operating loss		
N Form 4797 ordinary loss		
O Form 4797 long-term loss		

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)			
		Regular Tax	QBI
At-risk loss carryforwards to 2023			
Before 2018	A Operating loss		0 .
	B Form 4797 ordinary loss		0 .
	C Form 4797 long-term loss		0 .
2018	D Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	P Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (sole proprietorship): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)			
Passive losses		Regular Tax	QBI
Passive loss carryforwards to 2023			
Before 2018	A Operating Loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating Loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	P Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		

SMART WORKSHEET FOR: Form 5329: Additional Tax on Retirement Distributions (Taxpayer)

HSA Value Smart Worksheet	
A	The value of your HSAs on December 31, 2022. Include any contributions made after December 31, 2022 that were for 2022 <u>2,500.</u>

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet									
A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare.									
1	January	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	<u>7,300.</u>	
2	February	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	<u>7,300.</u>	
3	March	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	<u>7,300.</u>	
4	April	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	<u>7,300.</u>	
5	May	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	<u>7,300.</u>	
6	June	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	<u>7,300.</u>	
7	July	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	<u>7,300.</u>	
8	August	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	<u>7,300.</u>	
9	September	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	<u>7,300.</u>	
10	October	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	<u>7,300.</u>	
11	November	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	<u>7,300.</u>	
12	December	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	<u>7,300.</u>	
B Maximum allowable contribution.								<u>7,300.</u>	
Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12									

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet						
Check here if failure to maintain HDHP coverage in 2022 was due to death or disability					<input type="checkbox"/>	
A	1	Total HSA contribution in 2021				
	2	Excess contribution in 2021				
	3	Net HSA contribution in 2021	0.			
B	Check the box below to indicate the type of coverage you had for each month of 2021. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.					
	1	January	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	2	February	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	3	March	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	4	April	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	5	May	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	6	June	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	7	July	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	8	August	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	9	September	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	10	October	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	11	November	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	12	December	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
C	1	Total maximum allowable contribution for 2021				
	2	Amount allocated to spouse in 2021				
	3	Net maximum allowable contribution for 2021				

SMART WORKSHEET FOR: Special Depreciation Allowance Elections

Economic Stimulus Property Smart Worksheet	
For property placed in service in 2022 that is eligible to be Qualified Economic Stimulus Property	
Check this box to elect OUT of having Qualified Economic Stimulus property for ALL eligible classes of property	
<input type="checkbox"/>	
A	3-Year Property
B	5-Year Property
C	7-Year Property
D	10-Year Property
E	15-Year Property
F	20-Year Property
G	Nonresidential Real Property
H	Computer Software defined under IRC Section 167(f)(1)(B)
I	Water Utility Property
J	Other Asset Class
K	Other Asset Class

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A	Tax 0.
	Check if from:
1	Tax table <input checked="checked" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Additional tax from Form 8621 _____
I	Tax. Add lines A through G. Enter the result here and include in tax below. 0.
J	Form 8621 tax deferral from line 9c (to line 24) _____

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . . .	<input type="checkbox"/>
Marital Status	_____
Filing Status Selected	_____

SMART WORKSHEET FOR: Dependent Information Worksheet (KATRINA)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? 9

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse ☐

Taxpayer ☒

Spouse ☐

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2022 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☒ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2022 ☒ Yes ☐ No

- If married, filed a joint return for the year ☐ Yes ☒ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,400? ☒ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☒ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? ☒

Other parent in different return? ☐

Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (KATRINA)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,400 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Kimberly)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? 8

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse	<input type="checkbox"/>
Taxpayer	<input checked="" type="checkbox"/>
Spouse	<input type="checkbox"/>

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2022 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☒ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2022	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
- If married, filed a joint return for the year	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,400? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☒ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has the other parent waived their legal right so you can claim this dependent on your tax return?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return?	<input checked="" type="checkbox"/>
Other parent in different return?	<input type="checkbox"/>
Someone else in different return?	<input type="checkbox"/>

SMART WORKSHEET FOR: Dependent Information Worksheet (Kimberly)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,400 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (utt)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? 8

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse ☐

Taxpayer ☐

Spouse ☐

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2022 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☒ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2022 ☐ Yes ☒ No

- If married, filed a joint return for the year ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,400? ☒ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☒ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? ☒

Other parent in different return? ☐

Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (utt)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,400 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

Additional Other Income Allocation Smart Worksheet						
* Enter the state of source for this income (See Tax Help) ▼						
	Federal Amount	Residency Info		Res St	* Src St	Allocated Amount
		From mm/dd	To mm/dd			
Y Not-for-profit (hobby) income . . . T						
Not-for-profit (hobby) income . . . S						
Z Stock options T						
Stock options S						
aa Scholarship not on Form W-2 . . . T						
Scholarship not on Form W-2 . . . S						
bb Medicaid waiver payments T						
Medicaid waiver payments S						
cc Nonqualified pension / annuity . . T						
Nonqualified pension / annuity . . S						
dd Wages earned w. incarcerated . . T						
Wages earned w. incarcerated . . S						
ee Miscellaneous other income . . . T						
Miscellaneous other income . . . S						

SMART WORKSHEET FOR: Medical Expenses Worksheet

Medical Expenses Worksheet, Split Year Mileage Smart Worksheet

A	Business miles driven 01/01/22 thru 06/30/22 (18 cents per mile)	5,000
B	Business miles driven 07/01/22 thru 12/31/22 (22 cents per mile)	10,000

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☒

A Home mortgage interest and points reported on Form 1098:

- 1 Mortgage interest and points from the Home Mortgage Interest Worksheet
- 2 Limited amount to report on line 5a below

B Home mortgage interest not reported on Form 1098:

- 1 Mortgage interest from the Home Mortgage Interest Worksheet
- 2 Limited amount to report on line 6a below

C Points not reported on Form 1098:

- 1 Points not on Form 1098 from the Home Mortgage Interest Worksheet
- 2 Limited amount to report on line 7a below

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

- A** Enter Section 179 carryover from prior year
- B** **QuickZoom** to the Asset Entry Worksheet ►
- C** **QuickZoom** to the Depreciation/Amortization Reports ►
- D** **QuickZoom** to Form 4562 for Schedule A ►
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? ☐ Yes ☒ No

SMART WORKSHEET FOR: Earned Income Worksheet

**Medicaid Waiver Payments for the Earned Income Credit and
Additional Child Tax Credit Smart Worksheet**

A Check box if any wages are Medicaid Waiver Payments that you choose to **include**
in earned income

Taxpayer ☐
Spouse ☐

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ►

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

2 Election for earned income credit (EIC):

Elect taxpayer's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect taxpayer's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

B Spouse:

1 Spouse, nontaxable combat pay _____

2 Election for earned income credit (EIC):

Elect spouse's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect spouse's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

C You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:

Overpayment 33,000. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Earned Income Smart Worksheet

A Current year earned income for EIC -1,633.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____
C	Capital gain net income _____
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u>0.</u>

Is line H, **total investment income** over \$10,300?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Married Filing Separately Smart Worksheet (with one or more qualifying child)	
MFS filers with a qualifying child have additional requirements. Answer the questions below:	
Did you and your spouse have the same principal residence for the last 6 months of 2022?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2022?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet					
First name Last name	MI Suff	Social security number Relationship	Year of birth Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?	Was the child permanently and totally disabled during any part of 2022?	Lived with taxpayer in the U.S.
Kimberly Hughes	H	296-70-9170 Daughter	1970 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SMART WORKSHEET FOR: Form 3800 Worksheet

Some credits have expired. See bottom of form for more info.

SMART WORKSHEET FOR: Form 3800 Worksheet

NOTE: Credit amounts for line 1g will not be included in return as this provision is expired.

SMART WORKSHEET FOR: Form 3800 Worksheet

NOTE: Credit amounts for line 1u will not be included in return as this provision is expired.

SMART WORKSHEET FOR: Form 3800 Worksheet

NOTE: Credit amounts for line 1aa will not be included in return as this provision is expired.

SMART WORKSHEET FOR: Form 3800 Worksheet

Important: This form calculates several "temporary" tax provisions. If the expiration date shows "Expired", this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.

Temporary tax provision	Expiration Date
Indian Employment Tax Credit [Form 8845] (IRC 45A)	Expired
Various Energy Production Credits [Form 8835] (IRC 45)	December 31, 2024
Mine Rescue Team Training Credit [Form 8923] (IRC 45N)	Expired
Employee Retention Credit [Form 5884-A] (IRC 3134)	Expired

Lines with a ** relate to a temporary tax provision

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only☐
☐

Permanent resident of Guam or U.S. Virgin Islands

Nonpermanent resident of Guam or U.S. Virgin Islands

SMART WORKSHEET FOR: What-If Worksheet

Self-Employment Income Smart Worksheet				
Taxpayer:				
A Taxpayer Soc Sec Wages . .				
B Business & Farm Income . .	-1,633.	-1,633.	-1,633.	0.
C Other S/E income	0.	0.	0.	
D Total Taxpayer S/E Income .	-1,633.	-1,633.	-1,633.	0.
Spouse:				
E Spouse Soc Sec Wages . .				
F Business & Farm Income . .				
G Other S/E income				
H Total Spouse S/E Income . .				
Taxpayer:				
I SEP, SIMPLE, Qual'd Plans				
J SE health ins premiums pd .				
Spouse:				
K SEP, SIMPLE, Qual'd Plans				
L SE health ins premiums pd .				

SMART WORKSHEET FOR: What-If Worksheet

Alternative Minimum Tax (AMT) Smart Worksheet				
A AMT adjustments and preferences (Form 6251) . .	0.	0.	0.	0.
Capital gains tax - AMT				
B Net short-term gains/losses .				
C Net long-term gains/losses .				
D Net collectibles (28%)				
E Unrecap'd sec 1250 (25%) . .				
F AMT foreign tax credit				

SMART WORKSHEET FOR: What-If Worksheet

Credits Smart Worksheet				
Dependent Care Credit				
A No. of qualifying children . .	0	0	0	0
B Care expenses			0.	0.
C Earned income adj-taxpayer			0.	0.
D Earned income adj-spouse .			0.	0.
Child Tax Credit				
E No. of qualifying children . .	0	0	0	0
F No. of other dependents. . .	3			
G Social Security and Medicare taxes withheld . .				
H Earned income adjustments	0.	0.		
Education Credits				
I American Opportunity Credit: Qualifying expenses				
J Lifetime Credit: Qualifying expenses				
Earned Income Credit				
K No. of qualifying children . .	1	0	0	0
L Earned income adjustments	0.	0.		

SMART WORKSHEET FOR: What-If Worksheet

Additional Taxes Smart Worksheet				
Additional 0.9% Medicare tax:				
A Taxpayer:				
Medicare wages (W-2, box 5) .				
Add'l 0.9% Medicare withheld .				
B Spouse:				
Medicare wages (W-2, box 5) .				
Add'l 0.9% Medicare withheld .				
C Net investment income tax:				
Total investment income	0.	0.	0.	0.
Investment deductions				
Net investment income	0.	0.	0.	0.

SMART WORKSHEET FOR: What-If Worksheet

Premium Tax Credit or Repayment Smart Worksheet				
	No	No	No	No
A Insurance thru exchange . .				
B Household size				
C Household income for premium tax credit		-8,600.	-8,550.	-250.
D Premiums for second lowest cost silver plan (SLCSP). .				
E Premiums for selected plan .				
F Advance payment rec'd . . .				

Additional Information From 2022 Federal Tax Return

Form 4562 Depreciation Options

State Depreciation Statement

Continuation Statement

State	MO		
Delete this state's depreciation data from Federal file when transferring to 2023	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
State	NC		
Delete this state's depreciation data from Federal file when transferring to 2023	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
State	MD		
Delete this state's depreciation data from Federal file when transferring to 2023	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Form 4562 Depreciation Options

State Section 179 Statement

Continuation Statement

1 State	KS
2 a Married Filing Separately for state? If Yes, enter:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Total cost of state eligible property placed in service this year by spouse	
c Allocation percentage elected for state return	%
d State Section 179 elected on Qualified Real Property this year by spouse	
3 a Elect to treat state Qualified Real Property as "Section 179 Property"	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Calculated "Total cost of state Section 179 property placed in service"	700.
c Additions or subtractions to state calculated value	
4 State maximum amount	1,080,000.
5 State threshold cost of Section 179 property	2,700,000.
6 Reduction in state limitation (Line 3b less line 5, not less than 0)	0.
7 State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d)	1,080,000.
8 Total state Section 179 elected (Cannot exceed line 7)	
9 Total state Section 179 elected on Qualified Real Property	
1 State	MO
2 a Married Filing Separately for state? If Yes, enter:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Total cost of state eligible property placed in service this year by spouse	
c Allocation percentage elected for state return	%
d State Section 179 elected on Qualified Real Property this year by spouse	
3 a Elect to treat state Qualified Real Property as "Section 179 Property"	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Calculated "Total cost of state Section 179 property placed in service"	700.
c Additions or subtractions to state calculated value	
4 State maximum amount	1,080,000.
5 State threshold cost of Section 179 property	2,700,000.
6 Reduction in state limitation (Line 3b less line 5, not less than 0)	0.
7 State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d)	1,080,000.
8 Total state Section 179 elected (Cannot exceed line 7)	
9 Total state Section 179 elected on Qualified Real Property	

Form 4562 Depreciation Options**State Section 179 Statement****Continuation Statement**

1	State	1	NC
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . .	b	
c	Allocation percentage elected for state return	c	%
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	700.
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	1,080,000.
5	State threshold cost of Section 179 property	5	2,700,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	0.
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	1,080,000.
8	Total state Section 179 elected (Cannot exceed line 7)	8	
9	Total state Section 179 elected on Qualified Real Property	9	
1	State	1	MD
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . .	b	
c	Allocation percentage elected for state return	c	%
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	700.
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	25,000.
5	State threshold cost of Section 179 property	5	200,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	0.
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	25,000.
8	Total state Section 179 elected (Cannot exceed line 7)	8	
9	Total state Section 179 elected on Qualified Real Property	9	

Form 4562 Depreciation Options**State Asset Class Default Statement****Continuation Statement**

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
CO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
CT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
GA	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
HI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ID	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IA	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
KS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
KY	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
LA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ME	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MD	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MA	None	N/A	N/A	None	N/A	N/A	
MI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	

Form 4562 Depreciation Options
State Asset Class Default Statement
Continuation Statement

STATE CALC		Autos & Trucks		STATE CALC	Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
MO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	Federal	01/01/2018	PERMANENT	None	N/A	N/A
NM	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NY	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
ND	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OH	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OK	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OR	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
SC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
UT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
VT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
VA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
WV	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
WI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
XX	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT

Form 4562 Depreciation Options
State 2009 Economic Stimulus Default Statement
Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2022 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
CT	Federal	Part	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
DE	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.
GA	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	1,080,000.	2,700,000.
IL	State	Part	12/31/2007	12/31/2020	Full	1,080,000.	2,700,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,700,000.
IA	State	Full	12/31/2020	12/31/2027	Full	1,080,000.	2,700,000.
KS	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
KY	State	N/A	N/A	N/A	Full	100,000.	2,700,000.
LA	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
ME	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
MI	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
MN	Federal	Part	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
MS	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
MO	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
MT	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
NE	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
NH	State	N/A	N/A	N/A	Full	500,000.	2,000,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.

Form 4562 Depreciation Options**State 2009 Economic Stimulus Default Statement****Continuation Statement**

STATE CALC		STIMULUS BONUS DEPRECIATION			2022 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
NY	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
NC	Federal	Part	12/31/2007	12/31/2027	Part	1,080,000.	2,700,000.
ND	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
OH	Federal	Part	12/31/2007	12/31/2027	Part	1,080,000.	2,700,000.
OK	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
OR	State	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
SC	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
UT	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
VT	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
VA	State	N/A	N/A	N/A	Full	1,080,000.	2,700,000.
WV	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.
WI	State	Full	12/31/2007	12/31/2013	Full	1,080,000.	2,700,000.
XX	Federal	Full	12/31/2007	12/31/2027	Full	1,080,000.	2,700,000.

Form 4562 Depreciation Options**State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options**State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
XX	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
XX	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options**State CBEPP Default Statement****Continuation Statement**

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
CO	Federal	Full	12/20/2006	12/31/2020
CT	Federal	Full	12/20/2006	12/31/2020
DE	Federal	Full	12/20/2006	12/31/2020
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2020
HI	Federal	Full	12/20/2006	12/31/2020
ID	Federal	Full	12/20/2006	12/31/2020
IL	Federal	Full	12/20/2006	12/31/2020
IN	Federal	Full	12/20/2006	12/31/2020
IA	Federal	Full	12/20/2006	12/31/2020
KS	Federal	Full	12/20/2006	12/31/2020
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2020
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2020
MA	Federal	Full	12/20/2006	12/31/2020
MI	Federal	Full	12/20/2006	12/31/2020
MN	State	Full	12/20/2006	12/31/2017
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2020
MT	Federal	Full	12/20/2006	12/31/2020
NE	None	N/A	N/A	N/A
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2020
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2020
ND	Federal	Full	12/20/2006	12/31/2020
OH	Federal	Full	12/20/2006	12/31/2020
OK	Federal	Full	12/20/2006	12/31/2020
OR	Federal	Full	12/20/2006	12/31/2020
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2020
VT	Federal	Full	12/20/2006	12/31/2020
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013
XX	Federal	Full	12/20/2006	12/31/2020

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
XX	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
XX	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement
Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	State	TY2018	PERMANENT
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A

Form 4562 Depreciation Options**State Software/Real Property Sec 179 Default Statement****Continuation Statement**

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MN	None	N/A	N/A	State	TY2010	PERMANENT
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WV	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
XX	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

Form 4562 Depreciation Options**State Asset Class Default Statement****Continuation Statement**

STATE CALC		FARM & RETAIL		STATE CALC	QUAL IMPROVEMENT PROP	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
CT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
GA	None	N/A	N/A	State	10/22/2004	12/31/2017
HI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ID	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IN	Federal	12/31/2008	12/31/2017	State	12/31/2011	PERMANENT
IA	None	N/A	N/A	State	12/31/2019	PERMANENT
KS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ME	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MD	None	N/A	N/A	State	10/22/2004	PERMANENT
MA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MN	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017

Form 4562 Depreciation Options**State Asset Class Default Statement****Continuation Statement**

STATE CALC		FARM & RETAIL		STATE CALC	QUAL IMPROVEMENT PROP	
State	F/S conformity	Start	End	F/S conformity	Start	End
MS	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NY	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
NC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ND	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OH	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OK	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OR	State	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
PA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
RI	State	12/31/2013	12/31/2017	State	12/31/2013	PERMANENT
SC	State	12/31/2008	12/31/2009	Federal	10/22/2004	PERMANENT
UT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
VT	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
VA	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
WV	Federal	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
WI	State	12/31/2008	12/31/2013	State	10/22/2004	PERMANENT
XX	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT

Form 4562 Depreciation Options**Fruit/Nut Tree/Vine SDA in Year Planted/Grafted****Continuation Statement**

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
CO	Federal	Full	12/31/15	12/31/27
CT	Federal	Part	12/31/15	12/31/27
DE	Federal	Full	12/31/15	12/31/27
DC	State	N/A	N/A	N/A
GA	State	N/A	N/A	N/A
HI	State	N/A	N/A	N/A
ID	State	N/A	N/A	N/A
IL	Federal	Part	12/31/15	12/31/27
IN	State	N/A	N/A	N/A
IA	State	N/A	N/A	N/A
KS	Federal	Full	12/31/15	12/31/27
KY	State	N/A	N/A	N/A
LA	Federal	Full	12/31/15	12/31/27
ME	State	N/A	N/A	N/A
MD	State	N/A	N/A	N/A
MA	State	N/A	N/A	N/A
MI	Federal	N/A	12/31/15	12/31/27
MN	Federal	Part	12/31/15	12/31/27
MS	State	N/A	N/A	N/A
MO	Federal	Full	12/31/15	12/31/27
MT	Federal	Full	12/31/15	12/31/27
NE	Federal	Full	12/31/15	12/31/27
NH	State	N/A	N/A	N/A
NJ	State	N/A	N/A	N/A

Form 4562 Depreciation Options**Fruit/Nut Tree/Vine SDA in Year Planted/Grafted****Continuation Statement**

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
NM	Federal	Full	12/31/15	12/31/27
NY	State	N/A	N/A	N/A
NC	Federal	Part	12/31/15	12/31/27
ND	Federal	Full	12/31/15	12/31/27
OH	Federal	Part	12/31/15	12/31/27
OK	Federal	Full	12/31/15	12/31/27
OR	Federal	Full	12/31/15	12/31/27
PA	State	N/A	N/A	N/A
RI	State	N/A	N/A	N/A
SC	State	N/A	N/A	N/A
UT	Federal	Full	12/31/15	12/31/27
VT	State	N/A	N/A	N/A
VA	State	N/A	N/A	N/A
WV	Federal	Full	12/31/15	12/31/27
WI	State	Full	12/31/15	12/31/13
XX	Federal	Full	12/31/15	12/31/27