

Dear Valued Client,

Thank you for allowing Kowalski Financial Inc. the opportunity to prepare your 2023 income tax returns. Your 2023 tax organizer is now available! Please follow the outline below to complete your organizer.

Methods to complete your 2023 tax organizer:

- Print out the organizer and enter your data by hand. Please do not use highlighters, staples or post-it notes.
- Complete the organizer digitally. **PLEASE NOTE: If you choose to complete the organizer on your computer, please be aware that you will need to use Adobe Acrobat version 10, 11, or DC.** To obtain Adobe Acrobat Reader, while on your computer, please <u>CLICK HERE</u>. Even though you may be able to display this document in your web browser it may not save the completed document using that plug-in. For best results follow these instructions:
  - 1. Save this PDF to your desktop before completing any section.
  - 2. Open the file that you saved to your desktop with Adobe Acrobat.
  - 3. Enter all relevant your data in this organizer.
  - 4. Save and close the document.
- Submit all documents to us at one time using one of the following methods:
  - Drop off the tax organizer and your source documents at our office.
  - Mail the tax organizer and source documents to our office.
  - Use our Secure Upload portal: <u>Click Here</u> to upload files

Please send all your source documents (W-2's, 1099's, etc.) as well as the organizer at least two weeks prior to your appointment. Failure to comply with this procedure may result in a postponement of your appointment.

We wish you the very best and a prosperous 2024!

Warm regards,

Kowalski Financial Inc.

600 Highway 169 South, Suite 655, Minneapolis, MN 55426 • Phone: (952) 297-8589 • Fax: (952) 426-1549

## CHECKLIST - TAX YEAR 2023

TAXPAYER NAME(S): \_\_\_\_\_

\_ & \_\_\_\_\_

Please gather the following and submit all items at one time at least two weeks prior to your appointment.

A signed copy of the 2023 Client Engagement Letter. (**REQUIRED**) We will not begin working on your return until we receive this signed letter. See page 3.

This completed checklist, due diligence questionnaire, and data sheets from this tax organizer.

All W-2 forms for wages, salaries, and tips.

All 1099 forms for interest, dividends, stock sales, miscellaneous income, rents, unemployment, etc.

Copy of most recent quarterly 401(k) statement if you are still employed.

If you took any distributions from a retirement account, attach Form 1099-R.

If you sold stocks, bonds, or transferred mutual funds, we need brokerage statements showing the investment transactions. We also need the cost basis for all investments sold in 2023. Most brokerage statements/1099 contain all necessary information. If cost basis is not provided on your statements, please provide the date purchased and price paid for each transaction for which the cost basis is missing. You may need to review statements prior to 2023 or contact your broker to obtain this information. We are unable to complete your return until we receive this information.

All K-1 schedules showing income from partnerships, S-corporations, estates, and trusts.

All 1098 forms for mortgage interest.

All HUD-1/Settlement Statements if you PURCHASED, SOLD or REFINANCED real estate in 2023.

# Property tax statements for 2023 and 2024 for all real estate owned. \*Current year statements may not be available until the middle or end of March.

All CRP (Certificates of Rent Paid) forms if you paid rent for your home.

A list of all estimated tax payments made for 2023. Be sure to also include the Q4 payment which is paid in January of 2024. See page 7.

A categorized list of income and expenses for rental property and sole proprietorships and single member LLCs. See pages 8, 9, 10 & 11.

If you use QuickBooks, please send us a QuickBooks backup file. (.QBB files include all necessary data)

A categorized list of unreimbursed employee business expenses. See page 16.

Any tax notices recently sent to you by the IRS, MN Revenue or other taxing authority.

If you had health insurance through a healthcare exchange such as MNSure, attach form 1095-A.

Attach all receipts for dependent care, including all info listed on page 14 of this organizer.

## CLIENT ENGAGEMENT LETTER – TAX YEAR 2023

I have engaged Kowalski Financial Inc. ("KF") to prepare Federal and State income tax returns for the year ended December 31, 2023:

Individual Taxpayer(s)	Name(s):
Corporation / LLC / Partnership	Name(s):
Other forms to file: (See item 9 below)	Form(s):

I understand that it is my responsibility to provide KF with all of the required information in order to complete my tax returns. In that regard, I state that, to the best of my knowledge and belief:

- 1. I have provided true, correct and complete information regarding all of my income, including the Forms W-2, 1099 and written summaries, to KF I understand that it is my responsibility to provide all necessary information to complete the return(s). I will retain for a minimum of seven years all documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my return.
- 2. I have provided true, correct and complete information regarding amounts claimed as tax deductions, and have maintained written documentation supporting all deductions, including calendars, logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law and other supportable positions, KF will use professional judgment in resolving the issues. I understand that KF will follow whatever position I request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS or state tax authorities should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. I further understand that KF will have no liability for such additional taxes, penalties or interest.
- 3. I understand that taxing authorities may examine the return(s), therefore documentation should be retained to support the information I provide to KF especially business travel and entertainment deductions, business use percentage of autos and other assets, barter activities, and charitable contributions. I understand that penalties may be imposed on return(s) that are late, underpaid, or incorrect. If you have any questions on these penalties, please ask. I further understand that if I have any questions as to the type of records and documents required, I can ask KF for advice in that regard.
- 4. I understand that KF will not verify any information I provide, however KF may require clarification or additional information, and that KF will not be responsible for disallowed deductions or the inclusion of additional unreported income or any resulting taxes, penalties, or interest.
- 5. I understand I will be charged an additional fee if KF is asked to assist or represent me in a tax examination or inquiry. I understand that, in the event of preparer error, I am responsible for additional tax and any interest that may be due, and the extent of KFs responsibility is to pay any penalty the IRS or state tax authority may assess due to its error.
- 6. I will contact KF immediately if I discover additional information that will lead to a change in my return(s), or if I receive any letters from the IRS or state tax authorities.
- 7. I understand that upon request, KF will put all tax advice in writing. Any unwritten advice may be tentative, incomplete, or not fully reviewed.
- 8. I understand that my bill from KF is due and payable immediately upon completion of these returns, and that returns will not be filed until the bill for these services is paid in full. If KF prepares a return for an entity (such as a corporation, LLC, or partnership), I am also responsible to pay for those services. I understand that all outstanding balances must be paid before my 2023 returns are prepared. In the event that any bills are not paid, I will pay collection costs including reasonable attorney fees.
- 9. If there are other services or tax returns that I expect KF to prepare, such as estate, gift, sales and use, fiduciary, property, payroll, or other states or cities, I will note them at the top of this letter.
- 10. I understand that KF must receive all of my tax information as soon as possible, but not later than March 22, 2024 to ensure that KF will have adequate time to review my data by April 15, 2024. If KF has not received all of my information by March 22, 2024, my return may not be completed by April 15, 2024 and my return may be extended and I may be subject to late filing or late payment penalties.
- 11. I understand that it is the policy of KF to electronically file all individual tax returns. I will return Form 8879 as well as any additional required forms deemed necessary for electronic processing of the return in a timely manner, as my return cannot be sent to the proper agencies until KF receives the above-mentioned forms.
- 12. I understand that it is my responsibility to carefully examine and approve my completed tax returns.

The terms described in this letter are acceptable and are hereby agreed to and shall remain in effect until terminated by either party in writing.

Accepted by:	Taxpayer:	Date:	_
	Spouse:	Date:	_
	Kowalski Financial Inc.:	Date:	_

# 2023 DUE DILIGENCE QUESTIONNAIRE (REQUIRED)

Tax preparers are required to have documentation regarding filing status and dependents. This questionnaire is required to be completed in order for us to prepare your 2023 tax return.

Please answer the following questions:

1. Is there a change in the number of dependents you can claim?

Yes (If yes, please update Page 7 with new dependent's personal information) No

2. Did all dependents live with you in the US for the entire year (except temporary absences)? Yes

No

If no, list dependent(s) and number of days they lived with you below:

Dependent:	Day	ys:
Dependent:	Da	ys:

3. Did you (and your spouse if you MFJ) provide over half of each dependent's support? Yes

No

If no, list the dependent(s) who you did not provide over half of their support:

Dependent:

Dependent:

4. Did any dependent have income over \$4,700 in 2023?

Yes No

5. Did you (and your spouse if MFJ) pay over half of the cost of you and your dependent's home in 2023?

Yes
No

If no, explain:\_\_\_\_\_

6. Did you release any dependent(s) to someone else?

Yes

No

If yes, list the dependent(s) whose claim was released below:

Dependent:

Dependent:

7. Do any of your college attending dependents have a felony drug conviction?

Yes No

If yes, list those dependent(s)

Dependent:	
Dependent:	

# QUESTIONNAIRE – TAX YEAR 2023 (REQUIRED)

Yes No

Has your marital status change? If yes, how?	and update page 7.
Is there a change in the number of dependents you can claim?	If yes, update page 7.
Did you have health insurance through a marketplace like MN	Sure? Attach Form 1095A
Did you contribute to an IRA (outside of work) for 2023? If y	es, update page 12.
If you haven't already contributed to a Traditional or Roth IRA If yes, update page 12.	A for 2023, do you plan to?
Did you pay any student loan interest? Include Form 1098-E's and update page 12.	
Did you or your dependents incur any higher-education expen	nses?
Include Form 1098-T and update page 12.	
Did you make a contribution to a 529 plan?	
If yes, update page 12.	
Did you make a withdrawal from an eduction savings/529 Plan	n?
If yes, include Form 1099-Q.	
Did you make a withdrawal or contribution to an HSA or MS If yes, include Forms 1099-SA and 5498-SA and update p	
Did you have any non-reimbursed employee business expense	es? If yes, update page 16.
Did you have an allowance or expense account at work? If yes	s, update page 16.
Did you incur any job-seeking expenses? If yes, update page 1	6.
Did you make a donation directly from a Traditional IRA acco 12.	ount: If yes, update page
Did you sell, exchange, purchase, abandon, or foreclose on any If yes, include all 1099's & settlement statements.	v real estate?
Did you purchase a home in 2008 and claim the First-Time Ho If yes, include that return.	omebuyer Credit?
Did you refinance or take out a home equity loan during 2023 If yes, include all 1098's forms and closing stateme	
Did you sell or dispose of any stock in 2023? If yes, include all 1099 forms, brokerage statements, and	d cost basis info
Did you own any stock that became worthless in 2023? If yes, include brokerage statements.	
Did you sell an existing business or rental property? If yes, include closing statements.	
Did you start a new business or purchase rental property? If yes, update & include any closing statements.	

# Yes No QUESTIONNAIRE – TAX YEAR 2023 (...CONTINUED)

Did you have ownership interest in a partnership or S-Corporation? If yes, include all K-1 schedules.

Did you receive any payments from property sold prior to 2023?

- Do you have children that earned investment income? If yes, include their Form 1099's.
- Did you incur a casualty or theft loss attributable to a Federally Declared Disaster? If yes, describe:
- Did you make gifts of more than \$17,000 to any individual? If yes, describe:

Did you own any foreign assets other than through a US brokerage account or are you a signer on any foreign accounts?

If yes, include all documentation and speak with your preparer about these assets.

- Did you have any affiliation with a foreign bank or brokerage account in 2023? If yes, include documentation.
- Did you receive a payment and/or make a withdrawal from a retirement account? If yes, include Form 1099-R.
- Did you receive any disability income? If yes, include income documentation.
- Did you receive any gambling winnings? If yes, Total losses were: \$ include all W-2G(s) forms and documented losses.
- Did any of your life insurance policies mature, or did you surrender a policy?
- Did you cash any Series EE or I Series U.S. Savings bonds issued after 1989? If yes, include all documentation.
- Did you have any debt canceled or forgiven in 2023? If yes, include all 1099-A forms or 1099-C forms.
- Did you make any purchases in 2023 for which sales or use tax was not paid? If yes, amount: \$\_\_\_\_\_
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Do you want to contribute to the MN Wildlife Fund? If yes, amount: \$\_\_\_\_\_
- Did you make any energy saving home improvements to your home? If yes, describe:

Cost: \$

Did you receive correspondence from the IRS or state tax authorities? If yes, include a copy of any correspondence received.

Are you a public safety benefit recipient who has insurance premiums withheld directly from your PERA benefits?

Did you 'mine', buy, sell, or exchange a crypto currency (for example, bitcoin). If sold, include a list in the format: Sale Date/Qty Sold/Sale Amount/Date Acquired/Base Value with totals for the year.

## \*If you are a new client or if any information has changed, please complete or update.

All information is the same as it appears on my 2022 return.

New/Updated Taxpayer Information	<b>New/Updated Spouse Information</b>
Full Name:	Full Name:
SSN:	SSN:
Date of Birth: / /	Date of Birth: / /
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Email:	Email:
New/Updated Address Home Maili	
Street Address:	Full Name:
	COM.
City:	Date of Birth: / /
State: Zip Code:	
	*If additional space is needed, please attach a list.
Refund Dire	ect Deposit Information
I request that my refund be direct deposite	d.
Bank Name:	Routing #:
Type of Account: Checking Savings	Account #:
Estimated	d Tax Payments Made
Federal	State
1st Quarter: / / 2023 \$	1st Quarter: / / 2023 \$
2nd Quarter: / / 2023 \$	2nd Quarter: / / 2023 \$
3rd Quarter: / / 2023 \$	3rd Quarter: / / 2023 \$
4th Quarter: / / \$	4th Quarter: / / \$
	Alimony
Paid to:	SSN: Amount: \$
Received from:	SSN: Amount: \$
Date of divorce or the date that it was last modifie	d: Dago #7

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Sales/Revenue	Taxpayer	Spouse		Taxpayer	Spouse
Gross Revenue:	\$	\$	Materials:	\$	\$
Cost of Goods Sold:	\$	\$	Labor:	\$	\$
Purchases:	\$	\$	Other Incon	ne: \$	\$
		Inventor	y (at cost) 12/31/2023	\$	\$
Expenses	Taxpayer	Spouse		Taxpayer	Spouse
Advertising:	\$	\$	Travel:	\$	\$
Commissions/Fees:	\$	\$	Meals & Ent.:	\$	\$
Contract Labor:	\$	\$	Utilities:	\$	\$
Employee Benefits:	\$	\$	Wages:	\$	\$
Business Insurance:	\$	\$	Dues:	\$	\$
Interest:	\$	\$	Phone:	\$	\$
Legal/Professional:	\$	\$	Internet:	\$	\$
Office Supplies:	\$	\$	Business Gifts:	\$	\$
Pension/Profit-Share:	\$	\$	Subscriptions:	\$	\$
Rent:	\$	\$		\$	\$
Repairs/Maintenance:	\$	\$		\$	\$
Supplies:	\$	\$		\$	\$
Taxes/Licenses:	\$	\$		\$	\$
If you purchased any f	ixed assets, ple	ease provide the fo	llowing information:		
T S	Description:		Date Acquir	red:	Cost:

-	1	
	// 2023	\$
	// 2023	\$
	// 2023	\$
	*Attach a list if add	litional lines are necessary

If you received any 1099 forms from your customers/clients, please provide all to your preparer. Did you make payments to any LLC or individual for services rendered or rent for your business? Yes No If yes, did you issue a 2023 IRS Form 1099 to each company/person that you paid \$600 or more? Yes No If you have a solo/individual 401(k) plan, what was the 12/31/2023 balance in that account? \$\_\_\_\_\_

#### All Taxpayers

Did you receive any Minnesota Direct Tax Rebate Payments in 2023? (maximum \$260 per person - including up to three dependents - for taxpayers whose income fell below \$150k if filing joint, \$75k for all other filers).

Yes No

If yes, amount received: \$ Please provide form 1099Misc that was issued for this amount.

Did you contribute any funds to the Minnesota Housing Tax Credit Program last year?

Yes No

If yes, amount contributed: \$ your contribution.

Please provide the Tax Credit Certificate you received for

#### Corporation/LLC Owners Only

Have you submitted your company's Beneficial Ownership Information to FinCen per the Corporate Transparency Act? Businesses registered before 1/1/24 have until 12/31/24 to file.

Yes No

	Re	ntal Property	
	Property #1	Property #2	Property #3
Property Address:			
Rental Income:	\$	\$	\$
Rental Expenses			
Advertising:	\$	\$	\$
Travel: (for the property)	\$	\$	\$
# of Miles Driven:			
Cleaning/Maintenance:	\$	\$	\$
Commissions Paid:	\$	\$	\$
Insurance:	\$	\$	\$
Legal/Professional Fees:	\$	\$	\$
Management Fees:	\$	\$	\$
Mortgage Interest:	\$	\$	\$
Other Interest:	\$	\$	\$
Repairs:	\$	\$	\$
Supplies:	\$	\$	\$
Property Taxes:	\$	\$	\$
Utilities:	\$	\$	\$
Asset Bought: (attach a lis	t) \$	\$	\$
Improvements: (attach a li	ist)\$	\$	\$
Association Dues:	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Did you make payments to any LLC or individual for services rendered or rent?NoYesIf yes, did you issue IRS Form 1099 to each company/person that you paid \$600 or more?NoYes

			Busine	ess Ve	hicle Expen	ses			
	Vehicle #1			Vehicle #2			Vehicle #3		
Туре:	S	Sch. C/Self-Employed			Sch. C/Self-Employed			Sch. C/Self-Employe	
	,	W-2 Em	ployee		W-2 Emp	ployee		W-2 Emp	oloyee
Description:				_					
Driven By:				_					
Date Placed In Servio	ce:			_					
Total Miles Driven:				_					
Business Miles Drive	n:			-					
Odometer (01/01/20	23)			_					
Odometer (12/31/20)	23)			_					
Insurance:	\$			\$_			\$		
Oil Changes:	\$			\$_			\$		
Repairs:	\$			\$_			\$		
Car Washes:	\$			\$_			\$		
Fuel:	\$			\$_			\$		
MPG:			mpg	-		mpg			mpg
Parking:	\$			\$_			\$		
Lease Payments:	\$			\$_			\$		
Loan Interest:	\$			\$_			\$		
License Tabs:	\$			\$_			\$		
			Hom	e Off	ice Expenses	SS			
Taxpayer	OR		Spouse						
*You can only deduc	t a hom	e office	if you do not	have	an office ava	ailable to you s	omev	vhere else.	
Total Square Feet of I	Home:			Тс	otal Square F	Feet of Office:			
Rent:		\$		Re	epairs: (to th	e home office)		\$	
Improvements:		\$		As	ssociation fe	ee:		\$	
Insurance:		\$		U	tilities:(water,	gas, electric, garbag	je)	\$	

Retirem	ent Plan Contribut	tions - Not Th	rough Emplo	yer (4011	k/403b)	
Taxpayer Contribution: \$			Spouse Cont	ribution:	\$	
Traditional IRA Roth IRA			Trad	litional II	RA Roth IF	٨A
Contribution alread	ly made		Con	tribution	n already made	
Planning to contrib	ute by 4/15/2024		Plan	ning to c	contribute by 4/15	/2024
	Studer	nt Loan Payme	ents & Interes	t		
Taxpayer Payments: \$	Spouse	Payments: \$		Depen	dent Payments: \$_	
Taxpayer Interest: \$	Spouse 1	Interest: \$		Depen	ident Interest: \$	
	Higher Educatio	on (College/Po	st-Secondary	) Expense	es	
Student #1:			Student #2:			
Freshman Soph	nomore )	lunior	Fresh	iman	Sophomore	Junior
Senior Grad	1		Senic	or	Grad	
Tuition Paid: \$			Tuition Paid	:	\$	
Books: \$			Books:		\$	
Supplies, etc.: \$			Supplies, etc.	:	\$	
	529 Plan / Qu	ualified Tuition	n Plan Contri	butions		
Amount: \$	Depend	ent:		Name	of Fund:	
Amount: \$	Depend	ent:		Name	of Fund:	
*If you need to include additional de	ependents or contribution	ns, please attach a l	ist.			
		Medical Exp	penses			
Please be aware, you canno	t begin deducting	medical expen	ses unless the	ey exceed	7.5%* of your AG	ίI.
Health Insurance <sup>1</sup> :	\$	_ Medica	al Supplies <sup>3</sup> :	\$		
Dental Insurance <sup>1</sup> :	\$	_ Clinics	/Hospitals <sup>3</sup> :	\$		
Cobra Premiums <sup>1</sup> :	\$	_ Glasses	s/Contacts <sup>3</sup> :	\$		
Medicare Premiums	s <sup>2</sup> : \$	_ Hearin	g Aids <sup>3</sup> :	\$		
Doctor <sup>3</sup> :	\$	_ Prescri	ptions <sup>3</sup> :	\$		
Dentist <sup>3</sup> :	\$	Miles c	lriven for me	dical reas	sons:	

<sup>1</sup>Only list health or dental insurance if it is NOT withheld pre-tax from your paycheck. <sup>2</sup>Medicare premiums are listed on Form 1099-SSA.

<sup>3</sup>Only list expenses that were NOT reimbursed by an FSA, HSA, MSA or health insurance.

Health Savings	Account/Medical Savi	ngs Account (	Contributions 8	withdrawals
		0		

	Taxpayer	Taxpayer		ise	
Contributions: Withdrawals:	\$ \$		\$ \$		
	HSA MSA	FSA	Ψ HSA	MSA FSA	
Account Type:					
Coverage Type:	C	mily	Single	Family	
Were all withdrawals used for med	-	Yes	No		
	Long-Ter	m Care Insura	nce		
	Taxpayer		Spouse		
Amount:	\$	_	\$		
Policy #: (REQUIRED)					
Insurance Company:					
	Real	Estate Taxes			
Primary Residence:	\$	Cabin:		\$	
Secondary Residence:	\$			\$	
Personal V	ehicles				
Vehicle Registration:	\$				
# of Vehicles in Above Figu	ıre:	_			
	Inter	est Expense			
	Name of Lend	er	Inter	est Paid	
Primary Res 1st Mortgage:			\$		
Primary Res 2nd Mortgage:			\$		
Cabin:			\$		
Margin Interest:			\$		
Home Equity Loan/Line:			\$		
Mortgage Insurance Premiums:	\$	*Only lis	t insurance for loan	s taken out in 2007 or later	

\*Please include Form 1098 for each mortgage listed here.

#### Donations

Per IRS Guidelines: All donations must be substantiated by receipt/letter from recipient with the exception of donations less than \$250, which can be documented with a cancelled check or credit card statement instead. Receipt/letter must be received by date of tax-return filing. Non-cash contributions should be valued using garage-sale prices, and donations totaling over \$5,000 require an appraisal.

Total donations by cash, check or char	ge: \$		
Total value of property donated:	\$	_	
Description of what was donated:			
Name of Organization:			
Organization Address:			
Date of Donation(s):	//2023;	/ /2023;	//2023
*Attach a list for additional property donations			
Volunteering			
Volunteer Expenses: **Only include actual out of pocket expenses (you	\$ Ir time does not count)	Miles Driven:	

Daycare Expenses				
Child #1 Name:	Child #2 Name:			
Amount Paid:	Amount Paid:			
Provider's Name:	Provider's Name:			
Provider's Tax ID:	Provider's Tax ID:			
Provider's Address:	Provider's Address:			
*If additional space is needed, please attach a list including all information above.				

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# Minnesota K-12 Expenses

	Student #1	Student #2
Student's Name:		
Grade:		
Tuition:	\$	\$
Books/Supplies:	\$	\$
Musical Instruments:	\$	\$
Type of Instrument:		
Gym Clothes:	\$	\$
Transportation Fees <sup>1</sup> :	\$	\$
Tutoring:	\$	\$
Drivers Education:	\$	\$
Lessons:	\$	\$
Computer:	\$	\$
Education Software:	\$*If additiona	\$

<sup>1</sup>Transportation expenses must be paid to 3rd parties. This is not the same as mileage on your own vehicle.

#### MN Residents Unreimbursed Employee Business Expenses (Not Entered Elsewhere)

			Taxpayer	Spouse		
	Office Supplies:		\$	\$		
	Taxes/Licens	es:	\$	\$		
	Travel:		\$	\$		
	Meals & Ente	ertainment:	\$	\$		
	Internet:		\$	\$		
	Subscription	s:	\$	\$		
	Phone:		\$	\$		
	Referral Fees	:	\$	\$		
	Business Gift	-S:	\$	\$		
	Union Dues:		\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
	Teachers (K-	12) Educator Expenses:	: \$	\$		
If you	ı purchased any	v fixed assets, please pro	ovide the following info	ormation:		
	T S	Description		Date Acquired	Cost	
				//2023	\$	
				/2023	\$	
				/2023	\$	
*If ad	ditional assets	were purchased, please	attach a list including	all information above		
Does your employer have a business expense reimbursement policy?		y? Taxpayer	Yes	No		
				Spouse	Yes	No
If you	ı get reimburse	d from your employer f	or any of the expenses	listed above, please lis	st the amounts	below:
		Auto / Mileage:				
		Meals & Entertainme	ent: \$			

Cell Phone:

Other: \$\_\_\_\_\_\*Attach a list if you need more space

\$\_\_\_\_\_