At a minimum, please answer the first 3 pages of this Tax Questionnaire and return it to us along we documents through the portal. You don't have to complete the rest of the Tax Organizer unless you Taxpayers filing jointly with their spouse should answer these questions together. Personal Information Yes Did your marital status change during the year? If yes, explain: Did your address change from last year? New Address: Did you receive an Identity Protection PIN (IP PIN) from the IRS? If yes, please provide.	• •
documents through the portal. You don't have to complete the rest of the Tax Organizer unless you Taxpayers filing jointly with their spouse should answer these questions together. Personal Information Yes Did your marital status change during the year? If yes, explain: Did your address change from last year? New Address: Did you receive an Identity Protection PIN (IP PIN) from the IRS? If yes, please	find it helpful.
Did your marital status change during the year? If yes, explain: Did your address change from last year? New Address: Did you receive an Identity Protection PIN (IP PIN) from the IRS? If yes, please	No
If yes, explain: Did your address change from last year? New Address: Did you receive an Identity Protection PIN (IP PIN) from the IRS? If yes, please	
New Address: Did you receive an Identity Protection PIN (IP PIN) from the IRS? If yes, please	
•	
If	
If you are getting a refund, would you like a direct deposit? If yes, has your bank information changed from last year?	
Dependent Information If this group does not apply to you, check this box and proceed to the next group. N/A	
Were there any changes in dependents from the prior year?	
If yes, explain: Did you provide over half the support for any other person(s) other than your dependent children during the year, such as an elderly parent? Did you pay for child care or preschool while you worked, looked for work, or	
while a full-time student? Do you have any children under age 19 or a full-time student under age 24 with	
unearned income in excess of \$2,300? (i.e Interest, Dividends, Stock sales) Did you pay any expenses related to the adoption of a child during the year?	
Health Care Information	
Did you make any contributions to a Health Savings Account (HSA) or Archer	
MSA outside of work? If yes, how much? Did you receive any distributions from a Health savings account (HSA)? If	
yes, please provide the Form 1099-SA.	
If yes, were all of the distributions used for qualified medical expenses?	
Did you pay long-term care premiums for yourself or your family? If yes, how much for you and your spouse? You: Spouse:	
Did you receive any Premium Tax Credit advance payments? If yes, provide	
Form 1095-A. (For health insurance purchased on the Marketplace or 'Obamacare')	
Did you pay health insurance premiums for an individual or family plan outside of work?	
Education Information If this group does not apply to you, check this box and proceed to the next group. N/A	
Did you, your spouse, or your dependents attend a university during the year? If yes, please provide the 1098-T.	
Did you home school your children at anytime in 2023?	
Did you have any educational expenses during the year on behalf of yourself,	
your spouse, or a dependent? Did you make any contributions to an education savings or 529 Plan account?	
If yes, please include Form TC-675H (Utah) Did you pay any student loan interest this year? If yes, please include Form	

1098-E.

Itemized Deduction Information

Yes No

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.) that totals more than 7.5% of your income?

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?

Did you donate a vehicle or boat during the year? If yes, please provide form 1098-C from the donee organization.

Did you pay real estate taxes for your primary home and/or second home?

Did you pay any mortgage interest? If yes, please provide Form 1098.

Did you pay any investment interest on brokerage accounts, etc

Retirement Information

If this group does not apply to you, check this box and proceed to the next group.

Did you receive any Social Security benefits during the year? If yes, provide Form 1099-SA.

Did you make any withdrawals from an IRA, Roth, 401(k), or other qualified retirement plan? If yes, provide the Form 1099-R.

Did you make any contributions to an IRA, Roth, or SEP or other qualified plan in 2023? If yes, how much?

Would you like to discuss the option of still making a contribution to a retirement account for the current tax year?

Income Information

Did you receive any unemployment benefits during the year? If yes, provide Form 1099-G.

Did you have any self-employment during the year?

Did you receive any non-employee compensation? If yes, provide Form 1099-NEC or the total amount received.

Did you collect money services via Square, Venmo, Paypal or similar platforms in 2023? If yes, please check your account for Form 1099-K.

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Did you have any sales or other exchanges of virtual currencies such as bitcoin?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Purchases, Sales and Debt Information

Did vehicle you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

Did you sell, exchange, or purchase any real estate during the year?

Did you purchase or sell a principal residence during the year?

Did you dispose of any stock during the year?

Did you take out a home equity loan this year?

Did you refinance a principal residence or second home this year?

Did you sell an existing business, rental, or other property this year?

Did you start a new business or purchase rental property during the year?

Did you sell, exchange, or purchase any assets used in your trade or business?

Did you have any debts canceled or forgiven this year, such as a home

mortgage or student loan(s)? Please provide the 1099-C.

Did you acquire a new or additional interest in a partnership or S corporation?

Did you foreclose or abandon a principal residence or real property during the year?

N/A

Miscellaneous Information

Yes No

Did you make energy efficient improvements to your main home this year? If you are an educator, did you purchase classroom supplies? If yes, how much?

Did you make gifts of more than \$17,000 to any individual? Did you utilize an area of your home for business purposes? (Only available to self-employed persons. W-2 employees working remote doesn't qualify.) Did you pay any individual as a household employee during the year?

Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?

If yes, did the maximum foreign bank account balance exceed \$10,000? Did you receive correspondence from the State or the IRS? If yes, explain:

Please provide notices if not yet resolved.

Q4 Due Jan 15th, 2024

2023 Estimated Tax Payments		If this group does not apply to you, check this box and proceed to the next group.	N/A
Federal Q1 Due April 15th, 2023 Date Paid Q2 Due June 15th, 2023 Date Paid Q3 Due Sept 15th, 2023 Date Paid Q4 Due Jan 15th, 2024 Date Paid		Amount Paid Amount Paid Amount Paid Amount Paid Amount Paid	
State(s) Q1 Due April 15th, 2023 Q2 Due June 15th, 2023 Q3 Due Sept 15th, 2023	Date Paid Date Paid Date Paid	Amount Paid Amount Paid Amount Paid	

If there is anything else we should know about regarding your tax situation, please explain here

Date Paid

Amount Paid

GENERAL IN	FORMATION			2023 (MAIN INFO)
Taxpayer's First Name	3	M.I.	Spouse's First Name	Spouse's M.I.
Taxpayer's Last Name	· · · · · · · · · · · · · · · · · · ·	Suffix	Spouse's Last Name (if differen	t)
Taxpayer's Social Sec	urity Number		Spouse's Social Security Number	er
Present Home Addres	s		City, State, Zip Code	
E-Mail Address				
Filing Status: Please (Chack One			
=		Married Filing Separate	ly Head of Household	Qualifying Widow(er)
-	f household and have no d			
•	mber		child WHO LIVES WITH YOU and	qualifies you for this status.
•	dependents Qualify		e and/or EIC in the column listed "Non Dep."	
Note. If any children is	sted below are nondepend	Date of	•	Months Non
First Name	Last Name	Birth	Social Security Number	Relationship in home Dep.
F	Pre-1985 divorce or separa Post-1984 divorce or separ	_	OUT CONDITIONS	Form 8332
Taxpayer's Birth Date	-		Spouse's Birth Date	
Taxpayer's Occupation	1		Spouse's Occupation	_
Daytime Phone			Daytime Phone	
Evening Phone			Evening Phone	
Cell/FAX Phone			Cell/FAX Phone	
State of Residency:(2-	-Letter Abbreviation)	State of Part-y	year Residency 2nd	d State of Part-year Residency
	ng space for any commen			

W-2 INCOME			2023 (W-2)
List below your employers:			
Name of employer			
Street address			
City, State, Zip Code Employer Identification Number	-		
	TAXPAYER	SPOUSE	
Name of employer			
Street address			
City, State, Zip Code Employer Identification Number			
Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer			
Street address			
City, State, Zip Code Employer Identification Number			
Employor ruomination rumbol	TAXPAYER	SPOUSE	
	_	-	
Name of employer			
Street address			
City, State, Zip Code			_
Employer Identification Number	TAXPAYER	SPOUSE	
	☐ IAMPATER	3F003E	
Name of employer Street address			
City, State, Zip Code			
Employer Identification Number		II	
	TAXPAYER	SPOUSE	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number			
	TAXPAYER	SPOUSE	
Name of employer			
Street address			
City, State, Zip Code Employer Identification Number			
Employor ruommodilori rumbol	TAXPAYER	SPOUSE	
Name of employer			
Street address			
City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
* Please include a W-2 from eac			

W-2G INCOME				2023 (W-2G)
List below your payers : *Please incl	lude any W-2G	from each of your pay	ers.	
Name of payer Street address City, State, Zip Code Federal Identification Number				
		TAXPAYER	SPOUSE	
Name of payer Street address City, State, Zip Code				
Federal Identification Number		TAXPAYER	SPOUSE	
Name of payer				
Street address City, State, Zip Code Federal Identification Number		☐ TAXPAYER	SPOUSE	
ESTIMATED TAX PAII * Please enter only the payments to			TAX YEAR ncluding any payments made in Janu	(FED/ST TAX)
Federal payments			State of payments	, 0. <u>-</u> 0
Date paid	Amou	unt paid	Date paid	Amount paid
State/local estimated payments for			e for previous years paid in current year	

	REST AND DIVIDEND INCOME		(SCH B)
	EST INCOME	Current Year	Previous Year
T,S,J*	NAME OF PAYER		
	•		
	-		
	If you received any interest income from a seller financed		
	mortgage, please enter the payer's name, address, and their SSN or EIN.		
	Name	SSN/EIN	
	Name	JOIN/EIN	
	City, State, Zip	Amount	
	Oity, State, Zip	, unount	
	-		
	Amount of nominee interest		
	_ / initiality of monimises interest		
	Amount of accrued interest		
	Amount of tax-exempt interest		
	Amount of OID adjustment		
	-		
	Amount of ABP adjustment		
_			
DIVIDE	ND INCOME	Current Year	Previous Year
T,S,J*	NAME OF PAYER	ORDINARY	ORDINARY
	•		
-			
	-		
	-		
	-		
	-		
*Taxpave	r, Spouse or Joint Nominee Distribution Dividends		

2023

ITEMIZED DEDUCTIONS			20 23 (SCH A)
	*T,S,J	Current Year	Previous Year
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, r			
such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums	s, medical miles	or actual expense.*	
			-
Number of medical miles			
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes			
Personal property taxes			
Other			
INTEREST PAID			
Home mortgage interest			
Points paid in purchasing new home			
Investment interest expense			
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
			-
Non-cash			
Number of charity miles			

OTHER INCOME AND AD	JUSTMENTS			2023
OTHER INCOME			Current Year	Previous Year
Seller Financed Mortgages Payer		Principal	Interest	Interest
State and Local Income Tax Refun	ds Received in Prev	ious Year		
State or Local jurisdiction State or Local jurisdiction State or Local jurisdiction		Amount received _		
Unemployment (Please attach 1099G(s	s)).		Current Year	Previous Year
Amount received: Amount repaid:		-		
Alimony amount received Other Income Type:		Amount: _		
ADJUSTMENTS	Taxpayer Current Year	Taxpayer Previous Year	Spouse Current Year	Spouse Previous Year
Educator expense				
Self-employed retirement plans				
Self-employed health insurance paid				
IRA'S Traditional Roth				
Student loan interest				
Alimony Paid To whom paid:		Amount:		
SSN:				
Tuition and Fees		Amount: _		
Cash Contributions for taxpayers who	o did not itemize deducti	ons Amount:		
Other Adjustments Type:		Amount:		

PENSION AND RETIREME	NT INCOME		20 23 (1099R)
PENSIONS AND IRAS List below your pension, IRA distributions, and S	Social Security received last year (if	any).	
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	∐ IRA
* Please upload any 1099's and other inform If you ever made non-deductible contribut		year-end balances of all yo	ur IRA accounts.
SOCIAL SECURITY BENEF	Current Year AMOUNTS		(1040 WKT) Previous Year TOTAL
Spouse Amount	\$	-	

PARTNERSHIP AND S-CORPORATION IN	NCOME	2023 (K-1 P/S)
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		-
K-1 INFORMATION		
Name of Partnership or S-Corporation	-	
Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number Enter "P" for partnership or "S" for S-Corp	-	
Enter F for partite strip of 3 for 3-corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation	-	
Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
* Please upload all K-1 schedules received.		

ESTATE AND TRUST INCOME	2023 (K-1 E/T)
LOTATE AND THOOT INCOME	(R-1 E/1)
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Catala Truck	
Name of Estate, Trust	
Federal ID Number If any rental real estate, are you an active participant?	
ii any feritai real estate, are you all active participant?	
* Please upload all K-1 schedules received.	

CAPITAL GAINS AND	DLOSSES			20 23 (SCH D)
		s, and Non-Business	Assets	•
Description	Date Acquired	Date Sold	Sales Price	Cost
			·	
Amount of short-term loss carryover fr	om prior year			
Amount of long-term loss carryover from	om prior year			

BUSINESS INCOME AND EXPENSES		2023 (SCH C)
Your principal business or profession	Is this your spouse's	Schedule C?
Business name	Business code	
Duainaga address	Franks van ID	
Business address	Employer ID (Not SSN)	
	Accounting method:	
	Ç	
Enter date if you disposed of or sold this business during the year		
BUSINESS VEHICLE	Current Year	Previous Year
Date placed in service		
Miles used for: Business		
Commuting		
Other		
PART I INCOME		
Gross receipts or sales		
Returns and allowances		
Other income		
PART II EXPENSES		
Advertising _		
Car/Truck expenses		
Commissions		
Contract labor		
Depletion	_	
Employee benefit programs		
Insurance		
Interest - mortgage		
Interest - other		
Legal and professional services		
Office expense		
Pension and profit sharing		
Rent or lease - vehicles, machinery		
Rent - Other business property		
Repairs and maintenance		
Supplies		
Taxes and licenses		
-		
Travel		
Meals and entertainment		
Utilities		
Wages		
Enter prior year unallowed loss (if any)		(CCIL C DC 3)
OTHER EXPENSES		(SCH C PG 2)
Inventory method: Cost Lower of Cost or Market Other		
Inventory at beginning of year		
Purchases less cost of personal items		
Inventory at end of the year		

OFFICE IN THE HOME DEDUCTION		20 23 (8829)
For Self-employed indviduals ONLY(Not for W-2 employees)		
Square footage of area used for business		
Total square footage in your home		
Is this your spouse's Schedule C?		
Day care facilities:		
Number of days used for day care		
Number of hours per day used for day care		
Enter date if you disposed of or sold this business during the year		
EXPENSES DIRECTLY RELATING TO YOUR BUSINESS	Current Year	Previous Year
Casualty losses		
Deductible mortgage interest		
Real estate taxes		
Insurance		
Rent		
Repairs and maintenance		
Utilities		
Other expenses		
EXPENSES RELATING TO ENTIRE HOUSEHOLD		
Casualty losses		
Deductible mortgage interest		
Real estate taxes		
Insurance		
Rent		
Repairs and maintenance		
Utilities		
Other expenses		
Other expenses		
Carryover of operating expenses from Form 8829 line 42		
Carryover of excess casualty losses and depreciation from prior year Form 8829 line 43		
Enter the fair market value of your home		
Enter the cost of your home		
Enter the value of the land on which your home is placed		

Asset acquisition list	(Please list all assets	you have purchased or	placed in service in current ve	ear.\
Asset acquisition list	(1 loade list all addets	you have purchased or	placed in service in current y	cai.

Des	scription	Dat	te Acquired		Cost	Scl	nedule
		- 					
		<u> </u>					
		<u> </u>					
		<u> </u>					
sset disposit	tion list(Please list	all assets you sold, tr	raded, junked, or to	ook out of service for a	nny reason in curre	nt year)	
sset disposit					any reason in curre		From
asset disposit	tion list(Please list Date Acquired	all assets you sold, tr Date Sold	raded, junked, or to Sales Price	Sales Expenses	any reason in curre	nt year) Prior Depreciation	From Sch.
	Date	Date	Sales	Sales		Prior	
	Date	Date	Sales	Sales		Prior	
	Date	Date	Sales	Sales		Prior	
	Date	Date	Sales	Sales		Prior	
	Date	Date	Sales	Sales		Prior	
	Date	Date	Sales	Sales		Prior	
	Date	Date	Sales	Sales		Prior	
	Date	Date	Sales	Sales		Prior	
	Date	Date	Sales	Sales		Prior	

Part-Year, Part-Rei	ntal, or Per	rsonal Use l	Jnit		20 23 (Sch. E)
KIND OF PROPERTY					
LOCATION					
	lincome		,	Percent	
	Current Year	(of time, year, current Year Previous Year Current Year			rty rented): Previous Year
Rent received				%	%
			d personal use		Rental only
Expenses:		Current Yea	ar Previous Year	Current Y	Year Previous Year
Advertising					
Auto and travel					
Cleaning and maintenance					
Commissions					
Insurance					
Legal and professional fees					
Management fees					
Mortgage interest					
Other interest					
Repairs					
Supplies					
Real estate tax					
Taxes other than real estate taxe	s				
Utilities					
Other expenses					
Personal use unit ONLY: Fully deductible rental expenses unit. Include expenses directly re					
operation of the rental activity, su					

supplies.

Part-Year, Part-Rental, or Personal Use Unit (Sch. E)						
KIND OF PROPERTY						
LOCATION						
	l income		/a£4i	Percent		n.
	Current Year	Previous Year	Current '	e, year, or prope Year		evious Year
Rent received				%		
F			d personal use	0	Rental	only Previous Year
Expenses:		Current Yea	r Previous Year	Current \	rear	Previous Year
Advertising					-	
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal and professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Real estate tax						
Taxes other than real estate taxe	s					
Utilities						
Other expenses					- 1	
Personal use unit ONLY: Fully deductible rental expenses unit. Include expenses directly re						
operation of the rental activity, su						

supplies.

Part-Year, Part-Rental, or Personal Use Unit (Sch. E)						
KIND OF PROPERTY						
LOCATION						
	Il income			Perc		
	Current Year	Previous Year	Current \		property rente	evious Year
Rent received				%		%
			d personal use		Renta	
Expenses:		Current Yea	Previous Year	Curr	ent Year	Previous Year
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal and professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Real estate tax						
Taxes other than real estate taxe	es					
Utilities						
Other expenses						
Personal use unit ONLY: Fully deductible rental expenses	s for nersonal use					
unit. Include expenses directly re operation of the rental activity, s	elated to the					

supplies.

FARM INCOME AND EXPENSES		20 23 (SCH F)
	Is this your spouse	's Schedule
Your principal product	Activity Codo	
	Activity Code	-
Enter date if you disposed of or sold this business during the year	Employer ID	
	(Not SSN)	
PART I INCOME	Current Year	Previous Year
Sales of livestock and other items you bought for resale not reported above		
Cost or other basis of livestock and other resale items reported above		
Sales of livestock, produce, grains and other raised products not reported above		
Total cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation loans		
Crop insurance/disaster payments		
Custom hire income not reported above		
Other income not reported above		
·		
PART II EXPENSES		
Car and Truck expenses		
Chemicals		
Conservation expenses		
Custom hire		
Employee benefit programs		
Feed purchases		
Fertilizer and lime		
Freight and trucking		
Gasoline, fuel and oil		
Insurance		
Interest - mortgage		
Interest - other		
Labor hired		
Pension and profit sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease other business property		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies		
Taxes		
Utilities		
Veterinary, breeding and medicine		
Enter prior year unallowed loss (if any):		

CHILD AND DEPENDE	NT CARE EXPENSES	20 23 (2441)
Please list all care providers information	n and the amounts paid to them.	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
List name of each child and total amo	int spent for care of that child.	\$ \$ \$ \$

FOREIGN EARNED INCOM	E						20 23 (2555)
Is this your spouse's foreign earned income?							(/
Your foreign Prior Year							
address Current Year							
Employer Prior Year							
Current Year							
Employer Prior Year							
U.S. addre surrent Year							
Employer Prior Year foreign adrs 2							
foreign adrs Current Year							
Residence			Current Ye	ar		Previou	e Voar
Taxpayer tax home overseas			Ourrent 16	ai		1 TEVIOU	3 I Gai
Date established							
Bonafide residence began							
3							
Income			Current Ye	ar		Previou	s Year
Earned Income							
Salary							
Noncash Income							
Home							
Meals							
Car							
Other							
Allowances and Reimbursements							
Cost of living and overseas differential							
Family	+						
Education Home leave							
Quarters							
Other							
04101							
Travel History During Tax Year							
Country							
Date arrived							
Date left							
Days on business in United States							
Amount earned in United States							
Miscellaneous Questions							
Kind of foreign living quarters Purchase Did your family live with you overseas? If so, who?	es No	Rented house	·		oyer housing		
And for what period? Have you told the authorities overseas that you a			Yes	No			
country?Are you required to pay income taxes to				No			
		u oldim reolden					
Mile at Idea di afrida a la constitución de la cons							
Describe the length or employment limitations of							
If you maintained a home in the U.S. while overs							
Address:							
If rented:							
Name of occupant:			Relationship	o:			