

Client Name \_\_\_\_\_ Client # \_\_\_\_

| 2023                             | 1040   | US             | Clien   | tinformation       |  |            |                                | 1                    |
|----------------------------------|--|----------------|---|--------------------|--|------------|--------------------------------|----------------------|
| Resident<br>Status               | Resident st  | ate as of 12/  | 31/23 <sup>(2)</sup>  |                    |  |            |                                |                      |
|                                  | 1=full year  | resident       | Filing  | Filing Status      |  |            |                                |                      |
|                                  | 1=multi-sta  |                |   |                    |  |            |                                |                      |
|                                  | State return   | n(s) (i.e. CA, | 1 = Single<br>2 = Married fi<br>3 = Married fi<br>4 = Head of h | lling laint        |  |            |                                |                      |
| Electronic retu                  |  |                | c.)   | (1)                |  |            | 3 = Married fi                 | ling separate        |
|                                  |  | s (see table)  | 4 = Head of h   | iousehold          |  |            |                                |                      |
| Filing                           |  | sus MFS com    | 5 = Qualifying  | g surviving spouse |  |            |                                |                      |
| Status                           |  | filing separat |   |                    |  |            |                                |                      |
|                                  |  | filing separat | Daytim  | e Phone            |  |            |                                |                      |
|                                  | Year spouse died, if qualifying surviving spouse  [irst name and initial (20)] |                |   |                    |  |            |                                | 5 FIIOHE             |
|                                  | First name   | and militar    | 1 = Wo<br>2 = Hor   |                    |  |            |                                |                      |
|                                  | Last name (20)   |                |   |                    |  |            |                                | bile                 |
|                                  | Title/suffix   |                | (5)   |                    |  |            |                                |                      |
| _                                | Social secu  | irity 110.     | (11)  |                    |  |            | Depende                        | ent Status           |
| Taxpayer                         | Occupation   |                | (25)  |                    |  |            |                                |                      |
|                                  | Date of birt   |                | (8)   |                    |  |            | 1 = Not applic<br>2 = Could be | cable<br>a dependent |
|                                  | Date of dea  |                | (8)   |                    |  |            | 3 = Claimed a                  | as a dependent       |
|                                  | Dependency s   | atus (table)   | (1)   |                    |  |            |                                | ·                    |
|                                  | 1=blind  |                | (20)  |                    |  |            |                                |                      |
|                                  | First name   | and militar    | (20)  |                    |  |            |                                |                      |
|                                  | Last name  |                | (5)   |                    |  |            |                                |                      |
|                                  | Title/suffix   |                | (11)  |                    |  |            |                                |                      |
| Spouse                           | Social secu  | irity 110.     | (25)  |                    |  |            |                                |                      |
| Spouse                           | Occupation   |                | (8)   |                    |  |            |                                |                      |
|                                  | Date of birt   |                | (8)   |                    |  |            |                                |                      |
|                                  | Date of dea  |                | (1)   |                    |  |            |                                |                      |
|                                  | Dependency s   | atus (table)   | (1)   |                    |  |            |                                |                      |
|                                  | 1=blind  |                | (1)   |                    |  |            |                                |                      |
|                                  | 1=use fore   |                | (40)  |                    |  |            |                                |                      |
|                                  | In care of   |                | (40)  |                    |  |            |                                |                      |
| Address                          | Street addr  | 622            | (10)  |                    |  |            |                                |                      |
| Address                          | Apartment  | Hullibel       | (22)  |                    |  |            |                                |                      |
|                                  | City<br>State  |                | (2)   |                    |  |            |                                |                      |
|                                  | ZIP code   | (              | (10)  |                    |  |            |                                |                      |
|                                  |  |                | (20)  |                    |  |            |                                |                      |
| Foreign                          | Region Postal code   |                | (15)  |                    |  |            |                                |                      |
| Address                          | Country  |                | (20)  |                    |  |            |                                |                      |
|                                  | Home phor  | 10             | (14)  |                    |  |            |                                |                      |
|                                  | Work phon  |                | (14)  |                    |  |            |                                |                      |
|                                  | Work priori  |                | (5)   |                    |  |            |                                |                      |
| Taxpayer<br>Contact              | Daytime ph   |                | (1)   |                    |  |            |                                |                      |
| Information                      | Mobile pho   |                | (14)  |                    |  |            |                                |                      |
|                                  | Fax number   |                | (14)  |                    |  |            |                                |                      |
|                                  | E-mail add   |                | (40)  |                    |  |            |                                |                      |
|                                  | Home phor  |                | (14)  |                    |  |            |                                |                      |
|                                  | Work phon  |                | (14)  |                    |  |            |                                |                      |
|                                  | Work exter   |                | (5)   |                    |  |            |                                |                      |
| Spouse<br>Contact<br>Information | Daytime ph   |                | (1)   |                    |  |            |                                |                      |
|                                  | Mobile pho   |                | (14)  |                    |  |            |                                |                      |
|                                  | Fax number   |                | (14)  |                    |  |            |                                |                      |
|                                  | E-mail add   |                | (40)  |                    |  |            |                                |                      |
|                                  | _ man ada  | . 555          |   |                    |  |            |                                |                      |
|                                  |  |                |   |                    |  |            |                                |                      |
|                                  |  |                |   |                    |  |            |                                |                      |
|                                  |  |                |   |                    |  |            |                                |                      |
|                                  |  |                |   |                    |  | Hash Total |                                | 1                    |
|                                  |  |                |   |                    |  | Hash Pulat |                                | 1                    |

|                            | Client Name                                     |                 |      |                                |            |  | Client #                     |  |  |
|----------------------------|---|-----------------|------|--------------------------------|------------|--|------------------------------|--|--|
| 2023                       | 1040  | US              |      | Client Information (continued) | )          |  | <b>1</b> <sub>p2</sub>       |  |  |
|                            | TP ID verificat                                 | ion (see table) | (40) |                                |            |  |                              |  |  |
|                            | ID type (see table) (40                         |                 |      |                                |            | Prepar   | Prepared By                  |  |  |
|                            | Driver's licerise flo.                          |                 | (40) |                                |            |  |                              |  |  |
| Taxpayer<br>Authentication | Driver's licerise state                         |                 | (2)  |                                |            | 1 = Firm<br>2 = Non-paid preparer              |                              |  |  |
|                            | issue date (ili/d/y)                            |                 | (8)  |                                |            | 3 = Self-prepared                              |                              |  |  |
|                            | Expiration date (m/d/y)                         |                 |      |                                |            |  |                              |  |  |
|                            | Additional information                          |                 |      |                                |            | Taxpayer ID                                    | verification                 |  |  |
|                            | men protection rin                              |                 | (1)  |                                |            | 1 = Identity not<br>2 = In person -            | verified                     |  |  |
|                            | PIN in prior year                               |                 |      |                                |            | 2 = In person -<br>picture ID                  | valid govt.                  |  |  |
|                            | ID type (see table)  Driver's license no.  (40) |                 |      |                                |            | 3 = Remote - va                                | alid govt.                   |  |  |
|                            | Driver's licerise fio.                          |                 | (2)  |                                |            | picture ID outility account                    | or financial/<br>unt number  |  |  |
|                            | Issue date (m/d/y) (8)                          |                 |      |                                |            | 4 = Remote - va                                | alid govt.                   |  |  |
| Spouse<br>Authentication   | Expiration date (m/d/y) (8)                     |                 |      |                                |            | utility accor                                  | nd financial /<br>unt number |  |  |
| 7.0                        | Additional information (40)                     |                 |      |                                |            |  |                              |  |  |
|                            | Theft protection PIN (6)                        |                 |      |                                |            | ── ID Ty                                       | /pe                          |  |  |
|                            | 1=had IRS theft protection (1                   |                 |      |                                |            | 1 = Did not pro                                | provide driver's             |  |  |
|                            | PIN in prior year                               |                 | (1)  |                                |            | license or state ID 2 = Does not have driver's |                              |  |  |
|                            | 1=DL/State ID #(s) verified?                    |                 |      |                                |            | 2 = Does not ha                                |                              |  |  |
|                            | 1-DL/ State ID # (3) Verified:                  |                 | (40) |                                |            | 3 = Driver's license                           |                              |  |  |
|                            |   |                 | (1)  |                                |            | 4 = State ID                                   |                              |  |  |
|                            | Custom filt                                     |                 | (20) |                                |            |  |                              |  |  |
|                            | Firm numb                                       |                 | (2)  |                                |            |  |                              |  |  |
| Miscellaneous              | Preparer n                                      |                 | (2)  |                                |            |  |                              |  |  |
|                            | Designee no.,                                   |                 | (2)  |                                |            |  |                              |  |  |
|                            |   | rer number      | (2)  |                                |            |  |                              |  |  |
|                            | Prepared b                                      |                 | (1)  |                                |            |  |                              |  |  |
|                            | Database r                                      |                 | (2)  |                                |            |  |                              |  |  |
|                            | Primary co                                      | ntact           | (40) |                                |            |  |                              |  |  |
|                            | Promise Da                                      | te (m/d/y)      | (8)  |                                |            |  |                              |  |  |
|                            |   |                 |      |                                |            |  |                              |  |  |
|                            |   |                 |      |                                | Hash Total |  | 1 <sub>p2</sub>              |  |  |