

**2023 Form 4684 - Casualties and Thefts**

<b>TSJ</b>	1	<b>ST</b>	3
<b>Section A</b>			
FEMA code	4	5	
6	Qualified disaster loss (see field help and form instructions for guidance)		

**Section A / B**  
**Note:**  
 Use the "Casualty Number" field below to number items if more than one casualty or theft occurred during the year. For more information about multiple events, press F1 in the "Casualty number" field. Use the "Casualty Name" field to give the incident a descriptive name.

Casualty Number	7	Casualty Name (Optional)	8
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Property Code (Personal, business, income-producing or employee income-producing property)				9
<b>1/19</b>	Type of property	10		
	Location of property (street address)	11		
	City, state, ZIP	12	13	14
	Date acquired	15		
<b>2/20</b>	Cost or other adjusted basis	16		
<b>3/21</b>	Main home exclusion (if applicable)	17		
	Insurance or other reimbursement	18		
<b>5/23</b>	Fair market value before incident	19		
<b>6/24</b>	Fair market value after incident	20		
	Incident date	21		

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<b>7</b>	Override Section A, line 7 for Safe Harbor method of computation	22
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**Section B**                      **NOTE: Also enter as sale on Form 4797**

<b>33</b>	Casualty or theft from Form 4797, line 32	23
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**Section C - Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I - Computation of Deduction**

<b>40</b>	Initial investment	24	<b>46</b>	Percentage of qualified investment	28
<b>41</b>	Subsequent investments	25	<b>48</b>	Actual recovery	29
<b>42</b>	Income reported in prior years	26	<b>49</b>	Potential insurance / SIPC recovery	30
<b>44</b>	Withdrawals	27			

**Part II - Required Statements and Declarations**

SSN / EIN of person or entity	31	32	EIN
Name of person or entity	33		
Street Address	34		
City	35		
<b>U.S. ONLY</b> State, ZIP	36	37	
<b>Foreign ONLY</b> Province / state, country, postal code	38	39	40

**Previously Filed Amended Returns**

1st Year		2nd Year		3rd Year		4th Year	
Tax year	41	Tax year	43	Tax year	45	Tax year	47
Date filed	42	Date filed	44	Date filed	46	Date filed	48
49	Revenue Procedure 2010-36			Casualty loss portion from Form 8829, line 35			50