2023 PERSONAL DATA FOR INCOME TAX RETURN PREPARATION

<u>I. TAXPAYER PRIMARY DATA</u>							
•	NAME		SSN	DATE OF BIRTH	DATE OF DEATH		
TAXPAYER							
SPOUSE							
	<u> </u>	·	·	·	•		
ADDRESS							
	OCCUPATION	DAYTIME PHONE	EVENING PHONE	CELL PHONE	E	E-MAIL	
TAXPAYER							
SPOUSE							

	II. TAXPAYER IDENTIFICATION							
	PLEASE	COMPLETE AND PROVIDE COPY OF DRIVERS	LICENSE OR STATE	E ISSUED PHOTO ID	s			
	INDICATE "D" (DRIVERS LICENSE) OR "S" (STATE ISSUED ID)	IDENTIFICATION NUMBER	NAME OF STATE	ISSUE DATE	EXPIRATION DATE			
TAXPAYER								
SPOUSE								

III. IDENTIFY YOUR 2023 TAXPAYER FILING STATUS						
CHECK BOX	FILING STATUS					
	SINGLE					
	MARRIED FILING JOINTLY					
	MARRIED FILING SEPARATELY (MFS)					
	HEAD OF HOUSEHOLD (HOH)					
	QUALIFYING SURVIVING SPOUSE (QSS)					
ADDITIONAL	REQUIRED FILING STATUS INFORMATION					
For MFS and QSS Filing Status	Be sure to provide Spouse NAME, SSN, DATE OF BIRTH & DATE OF DEATH in the "Spouse" boxes above					
	If the qualifying person is a child but <u>NOT</u> your dependent, provide Child NAME, SSN, DATE OF BIRTH & DATE OF DEATH in box below:					
For HOH and QSS Filing Status						

<u>IV. GENERAL QUESTIONS</u>						
TAXPAYER		SPOUSE		(CHECK "YES" OR "NO")		
YES	NO	YES	NO	(6.1.201 1.20 2.11 1.10)		
				Are you BLIND?		
				Are you DISABLED?		
				Are you a DEPENDENT of ANOTHER?		
				Are you a FULL TIME STUDENT?		
				DESIGNATE \$3 to go to the PRESIDENTIAL ELECTION CAMPAIGN FUND?		

2023 Personal Data for Income Tax Return Preparation

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V. IDENTIFY ALL ESTIMATED TAX PAYMENTS APPLIED TO 2023								
	FEDERAL	RESIDENT STATE	RESIDENT CITY					
	DATE PAID / AMOUNT	DATE PAID / AMOUNT	DATE PAID / AMOUNT					
OVERPAYMENT								
APPLIED FROM 2021								
1ST QTR								
2ND QTR								
3RD QTR								
4TH QTR								
ADDITIONAL PAYMENTS								

VI. IF PROPERTY OWNER, PROVIDE DETAILS FOR YOUR PRINCIPAL RESIDENCE							
TOTAL REAL ESTATE TAXES PAID ->							
		T					
IDENTIFY PERIOD YOU WERE A PROPERTY	FROM DATE ->						
OWNER	TO DATE ->						
BLOCK NUMBER	SUFFIX	(
LOT NUMBER	SUFFIX	(
QUALIFIER							

VII. IF TENANT, PROVIDE DETAILS FOR YOUR PRINCIPAL RESIDENCE				
TOTAL RENT PAID ->				
IDENTIFY PERIOD	YOU WERE A TENANT			
FROM DATE ->				
TO DATE ->				

VIII. REQUIRED QUESTIONS BY IRS FOR ALL TAXPAYERS (CHECK "YES" OR "NO" BELOW)

PART 1 - DIGITAL ASSETS QUESTIONS

AT ANY TIME DURING 2023, 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 ->

CHECK "YES" IF AT ANY TIME DURING 2023 YOU HAD ONE OR MORE OF THE FOLLOWING ACTIVITIES

- Received Digital Assets as Payment for Property or Services Provided
- Received Digital Assets as a Result of a Reward or Award
- Received New Digital Assets as a Result of Mining, Staking and Similar Activities
- · Received Digital Assets as a Result of a Hard Fork
- Disposed of Digital Assets in Exchange for Property or Services
- Disposed of a Digital Asset in Exchange or Trade for Another Digital Asset
- Sold a Digital Asset
- Transferred Digital Assets for Free (Without Receiving any Consideration) as a Bona Fide Gift
- Otherwise Disposed of any Other Financial Interest in a Digital Asset

NO ->

THE FOLLOWING ACTIONS OR TRANSACTIONS IN 2023, ALONE, GENERALLY DON'T REQUIRE YOU TO CHECK "YES":

- · Holding a Digital Asset in a Wallet or Account
- Transferring a Digital Asset from One Wallet or Account You Own or Control to Another Wallet or Account that you Own or Control
- Purchasing Digital Assets Using U.S. or Other Real Currency, Including Through the Use of Electronic Platforms Such As Paypay & Venmo

EXPLANATION OF WHAT IS A DIGIT ASSET

DIGITAL ASSETS ARE ANY DIGITAL REPRESENTATIONS OF VALUE THAT ARE RECORDED ON A CRYPTOGRAPHICALLY SECURED DISTRIBUTED LEDGER OR ANY SIMILAR TECHNOLOGY.

FOR EXAMPLE, DIGITAL ASSETS INCLUDE NON-FUNGIBLE TOKENS (NFTS) AND VIRTUAL CURRENCIES, SUCH AS CRYPTOCURRENCIES AND STABLECOINS. IF A PARTICULAR ASSET HAS THE CHARACTERISTICS OF A DIGITAL ASSET, IT WILL BE TREATED AS A DIGITAL ASSET FOR FEDERAL INCOME TAX PURPOSES. YOU HAVE A FINANCIAL INTEREST IN A DIGITAL ASSET. IF YOU ARE THE OWNER OF RECORD OF A DIGITAL ASSET, OR HAVE AN OWNERSHIP STAKE IN AN ACCOUNT THAT HOLDS ONE OR MORE DIGITAL ASSETS, INCLUDING THE RIGHTS AND OBLIGATIONS TO ACQUIRE A FINANCIAL INTEREST, OR YOU OWN A WALLET THAT HOLDS DIGITAL ASSETS.

PART 2 - FOREIGN ACCOUNT QUESTIONS

		YES	NO
QUESTION # 1	DOES THE TAXPAYER HAVE ANY INTEREST IN, OR AUTHORITY OVER, ANY FOREIGN ACCOUNT OR FOREIGN TRUST? IF "YES", PROCEED TO QUESTION #2		
QUESTION # 2	AT ANY TIME DURING 2023, DID THE TAXPAYER HAVE A FINANCIAL INTEREST IN OR SIGNATURE AUTHORITY OVER A FINANCIAL ACCOUNT (SUCH AS A BANK, SECURITIES AND/OR BROKERAGE ACCOUNT) LOCATED IN A FOREIGN COUNTRY? IF "YES", PROCEED TO QUESTION #3		
QUESTION # 3	IS THE TAXPAYER REQUIRED TO FILE FINCEN FORM 114, REPORT OF FOREIGN BANK & FINANCIAL ACCOUNTS (FBAR), TO REPORT THAT FINANCIAL INTEREST OR SIGNATURE AUTHORITY? IF "YES" PROVIDE THE FOREIGN COUNTRY NAMES & PROCEED TO QUESTION #4		
	LIST FOREIGN COUNTRY NAMES		
QUESTION # 4	DURING 2023, DID THE TAXPAYER RECEIVE A DISTRIBUTION FROM OR WAS THE GRANTOR OF,OR TRANSFEROR TO, A FOREIGN TRUST?		

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20 Year Retirement Letter

		IX. ADDITIO	NAL INFORMA	ATION REQUIRE	D FOR	ALL NE	W YORK TAXPA	YERS		
IE BEGIDENT	BBO//IDE							<u>, , , , , , , , , , , , , , , , , , , </u>		
IF RESIDENT,	PROVIDE	NEW YORK SCHOOL D	ISTRICT NAME							
DRIVE	ENTER "DOCUMENT NUMBER" FROM YOUR NEW YORK DRIVERS LICENSE, NON-DRIVER ID OR PERMIT			TAXF	PAYER					
LETTERS ON Y ON THE FROI	(NOTE - IT IS A 8 OR 10 DIGIT COMBINATION OF NUMBERS & LETTERS ON YOUR LICENSE, NON DRIVER-ID OR PERMIT. IT IS ON THE FRONT LOWER RIGHT CORNER OF CARD IF ISSUED BEFORE 1/28/14 OR ON BACK OF CARD ISSUED AFTER 1/28/14)			SPC	OUSE					
					HAVE YOU OR YOUR SPOUSE (OR AN ENTITY OF V				YES	
REQ	UIRED QL	JESTION - CHECK YES C	PR NO				OOF AN OFFENSE, I LE 200 OR 496, OR S		NO	
		X. ADDITION	IAL INFORMAT	TION REQUIRED	FOR A	LL NEV	V JERSEY TAXPA	YERS		
SALES & USE TAX QUESTIONS	ORDER	PART-YEAR RESIDENTS S OVER THE INTERNET, ASES ON WHICH YOU P	BY MAIL, OR BY	PHONE ON WHIC	H YOU D	ID NOT F	PAY NJ SALES TAX,			
	NO ->	YOU CERTIFY THAT NO USE TAX IS DUE			S	TOP HER	RE			
	YES ->	AND YOU <u>DID NOT</u> KEEP ACCURATE RECORDS		CALC		E TAX WILL BE CULATED BASED ON INCOME				
	YES ->	AND YOU <u>DID</u> KEEP ACCURATE RECORDS			PROC	EED TO S	STEP 2			
	OTED 0	ENTER TOTAL AMOUN' PURCHASES (ITEMS UN EACH ONLY) ->				то отн	SALES TAX PAID IER STATES ON ITEMS ->			
	STEP 2	ENTER TOTAL AMOUNT PURCHASES (ITEMS \$1 MORE ONLY) ->				то отн	SALES TAX PAID IER STATES ON ITEMS ->			
VETERAN QUESTIONS	ARE YO	U A MILITARY VETERAN	HONORABLY DI	SCHARGED OR R	ELEASEI) BEFOR	E THE LAST DAY O	THE TAX YEAR?	r	
		TAXPAYER					SPOUSE			
	YES ->				YES ->					
	NO ->				NO ->					
	-	AND ONLY IF NOT PREV E A COPY OF YOUR OF								
	DD 214	2.50		ease or Discharge fi						
	WD AGO			nd Report of Separ nd Report of Separa			_			
	WD AGO			rge from the Army	of the Un	ited States	s			
	NA Form NAVCG		Certificate of Milita Notice of Separati	ary Service ion from U.S. Coas	t Guard					
	NAVMC	78PD	U.S. Marine Corps	s Report of Separa	tion					
	NAVPER			aration/Discharge fi						
		Veteran ID Card Veteran ID Card		ication card issued by any of the New Jersey ication card issued under the Veterans Identification Card						



Veterans Income Tax Exemption Submission Form

You Must Send a Copy of Your Official Discharge Document With This Document.

Personal Information		
Name:		
Last	First	
Social Security Number:	Date of Birth	
Spouse Name:		
Last	First	
Spouse Social Security Number:	Date of Birth	
Address:		
Street Address	Apartment/Unit #	
City	State ZIP Code	
Home Phone: ()	Daytime Phone: ()	
E-mail Address:		-
Signature		
Signature:	Date:	-
Spouse Signature:	Date:	-

Where to Send the Completed Form

- Online, use our secure document <u>upload</u> feature.
 Enter the notice code VET and select PO Box 440; or
- Mail, with a copy of your <u>discharge document</u> to:

The New Jersey Division of Taxation Veteran Exemption PO Box 440 Trenton, NJ 08646-0440; or

11cmcon, 143 00040 0440, 67

• Fax with a copy of your discharge document to: 609-633-8427.