## **Trudy C. Durant and Associates LLC**1163 Inman Avenue Suite 203 Edison NJ 08820 • Tel (908) 753-7700 • Fax (908) 753-7722

## **EXTENSION WORKSHEET FOR THE TAX YEAR 2023**

First Name and Initial	Taxpayer's L	Social Security #			Occupation			Date o	f Birth	
First Name and Initial	Spouse's La	st Name	st Name So		cial Security #		Occupation		Date of Birth	
								_		
Hom					City, S	State ar	nd Zip			
Resident State		Home #		Work #			Cell #			
			_							
	ess (Require	ed)				Preferred Contact Tel No.				
WAGE INFORMATION: TOTAL ALL W-2S AND, IF MARRIED, REPORT TAXPAYER (T) AND SPOUSE (S) SEPARATELY									<u>.</u> Y	
	_			Т					5	
TOTAL FEDERAL WAGES		BOX #1								
TOTAL FEDERAL WITHHOLDING		BOX #2								
RESIDENT STATE WITHHOLDING		BOX #17								
OTHER STATE WITHHOLDING		BOX #17								
TOTAL CITY WITHHOLDING		BOX #19								
INTEREST INCOME (1099-INT)		DIVIDEND INCOME (1099-DIV)					STOCK	SALE PR	OCEEDS (1	099-B)
,										
NON EMPLOYEE COMP (1099-MISC)		ROYALTY INCOME					COST C	F STOCK	S SOLD (IF	AVAIL)
SOCIAL SECURITY BENEFITS REC'D		UNEMPL	UNEMPLOYMENT COMPENSATION					Have A Fo	oreign Banl	« Acct?
							YES		NO	
IRA DISTRIBUTION AMTS? (1099-R)		PLEASE INDICATE IF ROLLOVER			Is the Balance Over 10K?					
		YES		NO			YES	THE BUILDING	NO	
IRA CONTRIBUTION AMOUNTS		PLEASE INDICATE ROTH OR TRADITIONAL IRA								
		ROTH		TRAD						
EEDEDAL EGT TAV DAVM	ENTO	OT A		AV DAVIATA	ITO					
FEDERAL EST TAX PAYM	STATE EST TAX PAYMENTS									
PLEASE LIST ALL STATES WORKED IN DURING 2023										
COMMENTS OR QUESTIONS:										