

MAS TAX ORGANIZER TAX YEAR 2023

TRUCK DRIVER P.1

Please complete before your appointment

PERSONAL INFORMATION

1. PERSONAL INFORMATION
Taxpayer Spouse
SSN or ITIN DOB Blind Disabled SSN or ITIN DOB Blind Disabled
Occupation Occupation
Email Phone Email Phone
Street Address City, State and Zip
Foreign Country Foreign Province/State Foreign Postal Code

2. FILING STATUS
Single Married Filing Joint Married Filing Separate Head of Household
Qualifying Widower Check if anyone can claim you as a dependent on their return.

3. DEPENDENTS
Name DOB Child Care Expenses \$
Disabled FT Student SSN or ITIN Gross Income \$
Name DOB Child Care Expenses \$
Disabled FT Student SSN or ITIN Gross Income \$
Name DOB Child Care Expenses \$
Disabled FT Student SSN or ITIN Gross Income \$

4. REFUND INFORMATION
Complete if you would like your refund deposited into your bank account
Bank Name Type: Checking Savings
Routing Number Account Number
Name on Account Account outside of the US jurisdiction? Yes No

5. HEALTH CARE INFORMATION
Please indicate where you received your health insurance from for all members of your tax household.
Employer Government-sponsored Marketplace Private Exchange
Form received in mail: 1095-A 1095-B 1095-C

6. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS
Taxpayer Spouse
1. Were you a victim of identity theft and have you been contacted by the IRS? If yes, list 6-digit code:
2. Were you a nonresident alien for any part of 2023?
3. Have you received notice from the IRS/State in the last three years?
4. Do you have children age 18 or under (or student under 24) who had unearned income over \$2,300?
5. If your child(ren) are required to file a return, do you elect to report dividends & interests on your return?
6. Did you give a gift over \$16,000 to one or more person?
7. If age 65 or older, do you want to file Form 1040-SR for Seniors, instead of Form 1040?

7. COMMENTS

MAS TAX ORGANIZER TAX YEAR 2023

TRUCK DRIVER P.2

INCOME

<p>1. WAGE AND SALARY INFORMATION <i>Attach W-2's</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Employer Name</th> <th style="width:15%;">Taxpayer</th> <th style="width:15%;">Spouse</th> </tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> </table> <p>Unreported tip income: \$</p>	Employer Name	Taxpayer	Spouse		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<p>2. INTEREST & DIVIDEND INCOME <i>Attach 1099-INT, 1099-DIV or other statements</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Payer Name</th> <th style="width:15%;">Taxpayer</th> <th style="width:15%;">Spouse</th> </tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> </table>	Payer Name	Taxpayer	Spouse		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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<p>3. SCHEDULE K-A INCOME (1065, 1120-S & 1041) <i>Attach K-1s</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Payer Name</th> <th style="width:15%;">Taxpayer</th> <th style="width:15%;">Spouse</th> </tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> </table>	Payer Name	Taxpayer	Spouse		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<p>4. CAPITAL GAINS AND LOSSES <i>Attach 1099-Bs</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Payer Name</th> <th style="width:15%;">Taxpayer</th> <th style="width:15%;">Spouse</th> </tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> </table>	Payer Name	Taxpayer	Spouse		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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<p>5. RETIREMENT DISTRIBUTIONS <i>Attach 1099-R & 5498 and SSA 1099 or RRB 1099</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Payer Name</th> <th style="width:10%;">Taxpayer</th> <th style="width:10%;">Spouse</th> <th style="width:10%;">Roth IRA</th> <th style="width:10%;">Trad. IRA</th> </tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td><td style="text-align:center;"><input type="checkbox"/></td></tr> </table> <p>Did you receive social security benefits? <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse</p> <p>Did you receive railroad retirement? <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse</p>	Payer Name	Taxpayer	Spouse	Roth IRA	Trad. IRA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>6. OTHER INCOME</p> <p>State Income Tax Refund \$ _____</p> <p>Alimony Received \$ _____</p> <p>Date of divorce/separation \$ _____</p> <p>Unemployment \$ _____</p> <p>Gambling Winnings \$ _____</p> <p>Scholarships & Grants \$ _____</p> <p>Jury Pay \$ _____</p> <p>Child Support \$ _____</p> <p>Hobby Income \$ _____</p> <p>NOL Carryforward \$ _____</p> <p>Other \$ _____</p>
Payer Name	Taxpayer	Spouse	Roth IRA	Trad. IRA																						
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Did you earn any foreign income or pay any foreign taxes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have a health savings account, Archer MSA, or Medicare Advantage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Did you have a financial account in a foreign country (i.e. bank account)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, did the aggregate value of all financial accounts exceed \$10k at any time?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Did you have any debt forgiven (i.e. student loans, mortgage, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Did you receive (reward, award, etc.) or sell, exchange, gift or otherwise dispose of a digital asset or financial interest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. COMMENTS

MAS TAX ORGANIZER TAX YEAR 2023

TRUCK DRIVER P.3

TRUCKING INCOME AND EXPENSES

1. INCOME		2. TRUCK & TRAILER INFORMATION			
Total income	\$ _____	TRUCK		TRAILER	
Possible deductions from checks:		Make	_____	Make	_____
License & Permits	-\$ _____	Model	_____	Model	_____
Physical Damage	-\$ _____	Price	\$ _____	Price	\$ _____
Botail Fees	-\$ _____	Date Purchased	_____	Date Purchased	_____
Health Insurance	-\$ _____	Lease Payment	\$ _____	Lease Payment	\$ _____
Other	-\$ _____				

3. EXPENSES

Administrative Fees (<i>ck reorder, atm</i>)	\$ _____	Satellite (<i>Qualcomm, Sirius</i>)	\$ _____
Association Dues (<i>OOIDA, teamsters</i>)	\$ _____	Medical Exams (<i>DOT, drug test</i>)	\$ _____
ComData/ComCheck Fees	\$ _____	Lodging Expenses	\$ _____
Cleaning Supplies In truck	\$ _____	Subscriptions	\$ _____
Interest Paid (<i>business loan/cc</i>)	\$ _____	FHUT (<i>Heavy use tax</i>)	\$ _____
Fuel & Oil	\$ _____	State Fuel Tax	\$ _____
Uniforms (<i>steel toe boots, coveralls etc.</i>)	\$ _____	IFTA Tax	\$ _____
Showers on the Road	\$ _____	Legal & Professional Fees	\$ _____
Repairs & Maintenance	\$ _____	Leasing Costs (<i>trailer rental, etc.</i>)	\$ _____
Truck Insurance (<i>Bobtail Ins. Work comp</i>)	\$ _____	Fees Paid to Dispatch	\$ _____
Truck Property Tax Paid	\$ _____	Parking	\$ _____
Truck Washes	\$ _____	Loading/Unloading Fees	\$ _____
Truck Supplies (<i>*see examples below</i>)	\$ _____	Tolls & Scales	\$ _____
Small Tools	\$ _____	Working Meals	\$ _____
Permits & Licenses	\$ _____	Telephone	\$ _____
Office Supplies (<i>log books, clipboards</i>)	\$ _____	Other (<i>describe</i>)	\$ _____

***EXAMPLES OF TRUCKING SUPPLY DEDUCTIONS**

Adapters	De-icers	Load Locks	Steno Pads
Air Fresheners	Duct Tape	Locks	Suitcase/Luggage
Alarm Clock	First Aid Supplies	Mailbox Rental	Sunglasses
Alarm System/Guard Dog	Flags	Map Lamp	Tarps
Antennas	Flares	Mattresses for Cabin	Thermos
Awning	Floor Mats	Phone Cards	Tire Guages
Batteries	Fuses	Portable Vacuum	Toiletries
Bedding/Blankets	Gloves for Driving	Rain Gear	Towels
Cab Curtains	Hard Hat	Refrigerator for Cabin	Trash Bags
Cabinets	Hub Caps	Rope/Tie Downs	Travel Bags
Calculator	Ice Scrapers	Seat Covers	Truck Cables
Calendars	Keys	Safety Devices	Water Jub/Tumbler
Chains	Laundry Bag	Safety Glasses	
Cooler	Laundry Soap	Signs	

MAS TAX ORGANIZER TAX YEAR 2023

TRUCK DRIVER P.4

DEDUCTIONS

1. EDUCATION

Attach 1098-Ts, 1098-Es and 1099-Qs

Table for Education Deductions with columns for Student Name, Educational Inst., Tuition & fees, Loan Interest Paid, Supplies & Books, FR, SO, JR, SR, Other, and 529 Plan.

2. JOB-RELATED MOVING EXPENSES

3. IRA CONTRIBUTIONS

Table for Job-Related Moving Expenses and IRA Contributions with columns for Lodging, Fuel, Mileage, Other, Miles from old home, and Contributions to traditional IRA and ROTH or IRA.

4. OTHER DEDUCTIONS

Table for Other Deductions with columns for Educator Expenses, Health Savings Account Contr., Archer Medical Savings Contr., Jury duty repymt to employer, Foreign qualified housing exp., Contr. To 529 College Plan, Alimony Paid, Date of divorce/sep., Qualified business net loss carryover from 2022, and Qualified REIT dividends & PTP net loss carryover from 2022.

5. MISCELLANEOUS DEDUCTION QUESTIONS

- 1. Did you purchase an item(s) in 2023 in which you paid a large sales tax?
2. Did you purchase (NOT lease) an electric or plug-in hybrid vehicle during 2023?
a. Did you receive the EV tax credit as an instant discout at the dealership?
b. Please list the year, make and model:
3. Did you refinance a mortgage during 2023?

6. COMMENTS

Empty lines provided for comments.

MAS TAX ORGANIZER TAX YEAR

SMALL BUSINESS P.5

CREDITS AND PAYMENTS

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s)

Provider Name		Address	Phone
ID #	Amount Paid \$		Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Name		Address	Phone
ID #	Amount Paid \$		Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Name		Address	Phone
ID #	Amount Paid \$		Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. RESIDENTIAL ENERGY CREDIT

Solar electric property	\$ _____	Metal or asphalt roof	\$ _____
Solar water heating	\$ _____	Exterior windows and skylights	\$ _____
Small wind energy	\$ _____	Electric heat pump or central AC	\$ _____
Geothermal heat pump	\$ _____	Natural gas, propane/oil water heater	\$ _____
Fuel cell property	\$ _____	Biomass fuel stove	\$ _____
Insulation material	\$ _____	Natural gas, propane or oil furnace	\$ _____
Exterior doors	\$ _____	Advanced main air circulating fan	\$ _____
1. Were the qualified improvements for your main home in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Were any improvements related to the construction of this main home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. ESTIMATED TAX PAYMENTS

FEDERAL <i>(Applied from 2022 federal refund)</i>		
	Date Paid	Amount Paid
1st QTR	/ /	\$ _____
2nd QTR	/ /	\$ _____
3rd QTR	/ /	\$ _____
4th QTR	/ /	\$ _____
STATE <i>(Applied from 2022 state refund)</i>		
	Date Paid	Amount Paid
1st QTR	/ /	\$ _____
2nd QTR	/ /	\$ _____
3rd QTR	/ /	\$ _____
4th QTR	/ /	\$ _____
State Name _____		
LOCAL <i>(Applied from 2022 local refund)</i>		
	Date Paid	Amount Paid
1st QTR	/ /	\$ _____
2nd QTR	/ /	\$ _____
3rd QTR	/ /	\$ _____
4th QTR	/ /	\$ _____
Locality Name _____		

4. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay expenses related to the adoption of an eligible child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you currently repaying the First-time Homebuyer Credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have a social security number that is valid & allows you to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Were you issued a Mortgage Credit Certificate (MCC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. COMMENTS

CHARITABLE CONTRIBUTIONS

1. CHARITABLE CONTRIBUTIONS TOTALING OVER \$250 FOR 2023

ONLY COMPLETE IF YOU DONATED **MORE THAN \$250** FOR THE YEAR; OTHERWISE THE STANDARD DEDUCTION WILL APPLY

Attach receipts of contributions totaling over \$250 for 2023

Organization Name	Tax Exempt	Date of contr.	Amount Paid
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
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	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
		Total	\$

Please see the following checklist for documents and information to bring with you to your appointment:

- Last year's tax return not prepared in our office (Federal, State & Local)
- Social security cards for each person
- Current driver's license for each adult
- W-2s
- 1099s for Interest and Dividends
- 1099Bs or year end investment statements
- Stock/bond transaction information if not included on year end 1099B
- Information regarding State or Local overpayment of prior year taxes
- Information regarding sale of any investment property or stock
- K1s received from any corporations, partnerships, etc.
- Unemployment statement 1099G
- Social Security Statement
- IRA/pension or retirement distribution information
- IRA rollover/conversion information
- Student loan interest information (this may be on a 1098)
- Education credit information
- Childcare information including name, address, phone, EIN and amounts paid
- Settlement papers from buying or selling home