

MAS TAX ORGANIZER TAX YEAR 2023

INDIVIDUAL P.1

Please complete before your appointment

PERSONAL INFORMATION

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

2. FILING STATUS			
<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Qualifying Widower		<input type="checkbox"/> Check if anyone can claim you as a dependent on their return.	

3. DEPENDENTS			
Name		DOB	Child Care Expenses \$
Disabled <input type="checkbox"/>	FT Student <input type="checkbox"/>	SSN or ITIN	Gross Income \$
Name		DOB	Child Care Expenses \$
Disabled <input type="checkbox"/>	FT Student <input type="checkbox"/>	SSN or ITIN	Gross Income \$
Name		DOB	Child Care Expenses \$
Disabled <input type="checkbox"/>	FT Student <input type="checkbox"/>	SSN or ITIN	Gross Income \$

4. REFUND INFORMATION	
<i>Complete if you would like your refund deposited into your bank account</i>	
Bank Name _____	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number _____	Account Number _____
Name on Account _____	Account outside of the US jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

MAS TAX ORGANIZER TAX YEAR 2023

INDIVIDUAL P.2

INCOME

<p>1. WAGE AND SALARY INFORMATION <i>Attach W-2's</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Employer Name</th> <th style="width:15%;">Taxpayer</th> <th style="width:15%;">Spouse</th> </tr> </thead> <tbody> <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> </tbody> </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-NT, 1099-DIV or other statements</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Payer Name</th> <th style="width:15%;">Taxpayer</th> <th style="width:15%;">Spouse</th> </tr> </thead> <tbody> <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> </tbody> </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;"> <thead> <tr> <th style="width:70%;">Payer Name</th> <th style="width:15%;">Taxpayer</th> <th style="width:15%;">Spouse</th> </tr> </thead> <tbody> <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> </tbody> </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;"> <thead> <tr> <th style="width:70%;">Payer Name</th> <th style="width:15%;">Taxpayer</th> <th style="width:15%;">Spouse</th> </tr> </thead> <tbody> <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> </tbody> </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;"> <thead> <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> </thead> <tbody> <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> </tbody> </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>
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<p>7. MISCELLANEOUS INCOME QUESTIONS</p> <p>1. Did you sell your home? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Did you earn any foreign income or pay any foreign taxes? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Do you have a health savings account, Archer MSA, or Medicare Advantage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Did you have a financial account in a foreign country (i.e. bank account)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 20px;"><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"/></p> <p>5. Did you have any debt forgiven (i.e. student loans, mortgage, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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"/></p>	
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8. COMMENTS

MAS TAX ORGANIZER TAX YEAR 2023

INDIVIDUAL P.3

DEDUCTIONS

1. EDUCATION

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

Student 1 Name _____			Educational Inst.: _____					
Tuition & fees	Loan Interest Paid	Supplies & Books	FR	SO	JR	SR	Other	529 Plan
\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student 2 Name _____			Educational Inst.: _____					
Tuition & fees	Loan Interest Paid	Supplies & Books	FR	SO	JR	SR	Other	529 Plan
\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student 3 Name _____			Educational Inst.: _____					
Tuition & fees	Loan Interest Paid	Supplies & Books	FR	SO	JR	SR	Other	529 Plan
\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. JOB-RELATED MOVING EXPENSES

Lodging \$ _____	Miles from old home to new work _____
Fuel \$ _____	Miles from old home to old work _____
Mileage \$ _____	Member of Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other \$ _____	

3. IRA CONTRIBUTIONS

Contributions to traditional IRA	\$ _____
Contributions to ROTH or IRA	\$ _____

4. OTHER DEDUCTIONS

Educator Expenses	\$ _____	Alimony Paid	\$ _____
Health Savings Account Contr.	\$ _____	<i>Date of divorce/sep.</i>	_____/_____/_____
Archer Medical Savings Contr.	\$ _____	Qualified business net loss carryover from 2022	\$ _____
Jury duty repymt to employer	\$ _____	Qualified REIT dividends & PTP net loss carryover from 2022	\$ _____
Foreign qualified housing exp.	\$ _____		
Contr. To 529 College Plan	\$ _____		

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) in 2023 in which you paid a large sales tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you purchase (NOT lease) an electric or plug-in hybrid vehicle during 2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Did you receive the EV tax credit as an instant discount at the dealership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Please list the year, make and model: _____	
3. Did you refinance a mortgage during 2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. COMMENTS

MAS TAX ORGANIZER TAX YEAR

INDIVIDUAL P.4

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

CHARITABLE CONTRIBUTIONS

1. CHARITABLE CONTRIBUTIONS TOTALING OVER \$250 FOR 2023			
<i>ONLY COMPLETE IF YOU DONATED MORE THAN \$250 FOR THE YEAR; OTHERWISE THE STANDARD DEDUCTION WILL APPLY</i>			
<i>Attach receipts of contributions totaling over \$250 for 2023</i>			
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"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<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