

MAS TAX ORGANIZER TAX YEAR 2023

MARY KAY 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 \$
Gross Income \$
Name DOB Child Care Expenses \$
Gross Income \$
Name DOB Child Care Expenses \$
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

NON-MARY KAY INCOME

**1. WAGE AND SALARY INFORMATION**  
*Attach W-2's*

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"/>

Unreported tip income: \$ \_\_\_\_\_

**2. INTEREST & DIVIDEND INCOME**  
*Attach 1099-INT, 1099-DIV or other statements*

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"/>

**3. SCHEDULE K-A INCOME (1065, 1120-S & 1041)**  
*Attach K-1s*

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"/>

**4. CAPITAL GAINS AND LOSSES**  
*Attach 1099-Bs*

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"/>

**5. RETIREMENT DISTRIBUTIONS**  
*Attach 1099-R & 5498 and SSA 1099 or RRB 1099*

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"/>

Did you receive social security benefits?  Taxpayer  Spouse

Did you receive railroad retirement?  Taxpayer  Spouse

**6. OTHER INCOME**

State Income Tax Refund \$ \_\_\_\_\_

Alimony Received \$ \_\_\_\_\_

Date of divorce/separation \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Gambling Winnings \$ \_\_\_\_\_

Scholarships & Grants \$ \_\_\_\_\_

Jury Pay \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Hobby Income \$ \_\_\_\_\_

NOL Carryforward \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**7. MISCELLANEOUS INCOME QUESTIONS**

1. Did you sell your home? Yes  No

2. Did you earn any foreign income or pay any foreign taxes? Yes  No

3. Do you have a health savings account, Archer MSA, or Medicare Advantage? Yes  No

4. Did you have a financial account in a foreign country (i.e. bank account)? Yes  No

*If yes, did the aggregate value of all financial accounts exceed \$10k at any time?* Yes  No

5. Did you have any debt forgiven (i.e. student loans, mortgage, etc.)? Yes  No

6. Did you receive (reward, award, etc.) or sell, exchange, gift or otherwise dispose of a digital asset or financial interest? Yes  No

**8. COMMENTS**

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**MAS TAX ORGANIZER TAX YEAR 2023**

**MARY KAY P.3**

**MARY KAY INCOME AND EXPENSES**

Mary Kay Beauty Consultant/Director:  Taxpayer  Spouse  Joint

Did you start or acquire this business during 2023?  Yes  No

**Use Wholesale Numbers EXCEPT with sales total (sales total = retail + sales tax)**

<p><b>1. MARY KAY INCOME</b></p> <p><b>Total Sales:</b> \$ _____ <i>Add all pink tickets (without sales tax) OR add totals from weekly sales reports. Be sure to include sales to other Consultants.</i></p> <p><b>Commission Checks:</b> \$ _____ <i>You should receive a Form 1099-MISC from Mary Kay.</i></p> <p><b>Prizes:</b> \$ _____ <i>Cash value will be included on From 1099-MISC.</i></p> <p><b>Returns or Refunds (Retail):</b> \$ - _____ <i>Total amount, that has been included as income, you refunded a customer (i.e. you sold an ivory powder, a week later you exchange it (slightly used) for a beige powder). This is only if you do NOT return the used product to MK for a refund.</i></p> <p><b>Uncollected or Bad Checks:</b> \$ - _____ <i>Be sure total amount of sale is included in total sales.</i></p> <p><b>Total Mary Kay Income:</b> \$ _____ <i>This is the total of the above numbers, minus the returns or refunds and uncollected or bad checks</i></p>	<p><b>2. MARY KAY COST OF GOODS SOLD</b></p> <p style="text-align: center;"><i>Report wholesale numbers i.e. your cost</i></p> <p><b>Beginning Inventory</b> \$ _____ <i>If your first year, beginning inventory will be zero. If not, this amount will be last year's ending inventory.</i></p> <p><b>Section 1 Purchases</b> \$ _____ <i>From packing slip, plus merchandise purchased from other consultants.</i></p> <p><b>Personal Use Product</b> \$ _____ <i>Total cost (your cost) of products taken out of inventory for personal use and/or for gifts to family and friends.</i></p> <p><b>Ending Inventory</b> \$ _____ <i>Count each item on your shelf for resale and price each according to its' wholesale cost</i></p> <p><b>Cost of Labor</b> \$ _____ <i>Wages paid for secretarial and office assistance.</i></p>
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<b>3. EXPENSES</b>	
<p><b>Advertising</b> \$ _____ <i>Business cards, event booths, product samples, non MK prizes, etc.</i></p> <p><b>Bank Charges</b> \$ _____ <i>Monthly service fee, money order fees, annual dues, etc.</i></p> <p><b>Dues and Subscriptions</b> \$ _____ <i>Subscriptions to fashion/business magazines, business apps, etc.</i></p> <p><b>Insurance</b> \$ _____ <i>Product replacement insurance, self-employed health insurance, etc.</i></p> <p><b>Interest Paid</b> \$ _____ <i>Interest paid on business loans and credit cards, etc.</i></p> <p><b>Legal &amp; Professional Fees</b> \$ _____ <i>Business related legal and accounting fees, tax preparation fees, etc.</i></p> <p><b>Office Supplies &amp; Equipment</b> \$ _____ <i>Pens, paper, desk, calculator, computer/tablet, etc.</i></p> <p><b>Rent on Business Property</b> \$ _____ <i>Rental/lease of business property and fees on office equipment.</i></p> <p><b>Hostess Gifts</b> \$ _____ <i>Up to \$25 per hostess gift</i></p>	<p><b>Supplies - Retail Cost</b> \$ _____ <i>Total of all section 2 items purchased PLUS various supply items such as cotton balls, washrags, cost of starter kit, packaging materials, ribbons, baskets, training CDs, etc.</i></p> <p><b>Meals and Entertainment</b> \$ _____ <i>Itemized receipts are required for business meals over \$25. Documented proof of the date, time, place and business purpose, as well as the individuals attending, is required by the IRS.</i></p> <p><b>Travel *worksheet on next page</b> \$ _____ <i>Expenses to travel to another town to recruit or speak at another MK event, registration fees, lodging, transportation, parking, taxis, Seminar and Conference associated costs, etc.</i></p> <p><b>Telephone &amp; Internet</b></p> <p style="text-align: center;">Do you have a line dedicated to MK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes,</b> monthly rate for dedicated line: \$ _____</p> <p><b>If no,</b> monthly rate for household line: \$ _____</p> <p style="text-align: right;">% of bill used for MK _____ %</p> <p><b>Other (describe)</b> \$ _____</p>

**MAS TAX ORGANIZER TAX YEAR 2023**

**MARY KAY P.4**

**MARY KAY INCOME AND EXPENSES (Continued)**

<p><b>1. HOME OFFICE EXPENSES</b></p> <p>VALUATION OF HOME</p> <p>Purchase Price \$ _____</p> <p>Purchase Date _____ / _____ / _____</p> <p>Total Sq. Ft. _____</p> <p>Total Sq. Ft. used ONLY for MK \$ _____</p> <p>Land Value \$ _____</p> <p>Repairs &amp; Maint. \$ _____</p> <p>Mtg. Interest \$ _____</p> <p>Property Taxes \$ _____</p> <p>Insurance \$ _____</p> <p>Utilities \$ _____</p> <p>Rent Paid if not owned \$ _____</p>	<p><b>2. AUTOMOBILE EXPENSES</b></p> <p><i>Daily log or calendar showing date, destination, reason, and total miles required by IRS</i></p> <p>Year, Make and Model: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Total Miles Driven: _____</td> <td style="width:33%;">Total Miles Driven for MK Purposes: _____</td> <td style="width:34%;">Date Began Driving for MK: _____</td> </tr> </table> <p>Fuel, oil, etc. \$ _____ Car Washes \$ _____</p> <p>Repairs \$ _____ Parking Fees \$ _____</p> <p>Lease Payments \$ _____ Date of Purchase _____ / _____ / _____</p> <p>Auto Insurance \$ _____ Purchase Price \$ _____</p> <p>Tags &amp; License \$ _____ New or Used? _____</p>	Total Miles Driven: _____	Total Miles Driven for MK Purposes: _____	Date Began Driving for MK: _____
Total Miles Driven: _____	Total Miles Driven for MK Purposes: _____	Date Began Driving for MK: _____		

<b>3. FOR DIRECTORS</b>	
<p>Mary Kay Automobile Year, Make &amp; Model: _____</p> <p>Date received: _____ / _____ / _____</p> <p>Taxable value of MK Automobile as shown on Mary Kay Form 1099-MISC: _____</p>	<p>Money from consultants for events, etc. \$ _____</p> <p>Fees for meeting rooms, workshops, etc. \$ _____</p> <p>Consultant Prizes \$ _____</p> <p>Outsourcing (UnitWise, Newsletter, etc.) \$ _____</p> <p>Director's Suit \$ _____</p> <p>Other Misc. (describe) \$ _____</p>

<i>Mary Kay Business Travel Worksheet</i>				
	Seminar	Leadership Conference	Career Conference	Workshop
Location				
Registration Fees				
Transportation				
Lodging				
Parking, Taxis, Tolls				
Telephone				
Dry Cleaning				
Miscellaneous				

**MAS TAX ORGANIZER TAX YEAR 2023**

**MARY KAY P.5**

**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.	\$ _____	Date of divorce/sep.	_____/_____/_____
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 discout 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**


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**

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

