

MAS TAX ORGANIZER 2023

P.1

Please complete before your appointment

PERSONAL INFORMATION

1. PERSONAL INFORMATION					
Name	SSN or ITIN	DOB	DOD	Occupation	Blind or Disabled
Taxpayer					<input type="checkbox"/>
Spouse					<input type="checkbox"/>
Street Address	Apt.	City or town	State	Zip Code	County
Foreign Country	Foreign Province/State			Foreign Postal Code	
Email Address			Home Phone		Mobile Phone
Spouse Email Address			Spouse Phone		

2. FILING STATUS	
<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Single <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. <input type="checkbox"/> Check if you lived apart from your spouse for all of 2023. Year spouse died: ___/___/___

3. DEPENDENTS								
Name	Relationship	DOB	SSN or ITIN	Months w You	Disabled	FT Student	Gross Income	Child Care Expense
					<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"/>	\$	\$

4. REFUND INFORMATION	
Would you like refunds direct deposited to your bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Account	
Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name	_____
Routing Number	_____
Account Number	_____
Account outside of the US jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. IDENTIFICATION INFORMATION	
Taxpayer Type of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Issued in _____ Issue date _____ / _____ / _____ Exp. Date _____ / _____ / _____	Spouse Type of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Issued in _____ Issue date _____ / _____ / _____ Exp. Date _____ / _____ / _____

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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 received: \$ _____

4. SCHEDULE K-1 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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. INTEREST & DIVIDEND INCOME
 Attach 1099-NT, 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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. 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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

3. RETIREMENT DISTRIBUTIONS
 Attach 1099-R & 5498

Payer Name	Roth	Other	Taxpayer	Spouse
	IRA	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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Attach SSA 1099 or RRB 1099)

Did you receive social security benefits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you receive railroad retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>

6. OTHER INCOME

Description	Amount
State income tax refund	\$ _____
Alimony received <i>date of divorce/sep agreement</i>	\$ _____ / /
Unemployment compensation	\$ _____
Gambling winnings	\$ _____
Jury pay	\$ _____
Hobby income	\$ _____
Scholarships (grants)	\$ _____
NOL Carryforward	\$ _____
Child support	\$ _____
Other	\$ _____
	\$ _____
	\$ _____

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did you earn any foreign income or pay any foreign taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have a health savings account, Archer MSA, or Medicare Advantage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did you have a financial account in a foreign country (i.e. bank account)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did you have any debt forgiven (i.e. student loans, mortgage, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. At any time, during 2023, did you receive (reward, award, etc.) or sell, exchange, gift, or otherwise dispose of a digital asset (or financial interest)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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BUSINESS INCOME AND EXPENSES

Schedule C

Owner of Business Taxpayer Spouse Joint

Business Name _____

Business Product or Service _____

Business Address _____

City, State, and Zip Code _____

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

Accounting Method Cash Accrual Other (describe)

Method used to value inventory Cost Lower of cost/mkt Other (describe)

1. INCOME AND COST OF GOODS SOLD	
Gross receipts or sales	\$ _____
Returns and allowances	\$ _____
Other income (enclose description)	\$ _____
Inventory at beginning of year	\$ _____
Purchases, business-related only	\$ _____
Cost of labor	\$ _____
Materials and supplies	\$ _____
Other costs	\$ _____
Inventory at end of year	\$ _____

2. EXPENSES			
Advertising	\$ _____	Rent - tools, etc.	\$ _____
Commiss. & fees	\$ _____	Rent - other	\$ _____
Contract labor	\$ _____	Repairs & maint	\$ _____
Depletion	\$ _____	Supp & materials	\$ _____
Employee benefits	\$ _____	Taxes & lic.	\$ _____
Bus. Insurance	\$ _____	Travel	\$ _____
Mortgage interest	\$ _____	Meals & ent.	\$ _____
Other interest	\$ _____	Utilities	\$ _____
Legal & prof fees	\$ _____	Wages	\$ _____
Office exp.	\$ _____	Other	\$ _____
Pension & prof sharing	\$ _____		

3. VEHICLE INFORMATION

Year _____ Make _____ Model _____ Date Purchased ___/___/___

Purchase Price \$ _____ Business Miles _____ Other _____

Fuel, oil, repairs and maintenance expenses \$ _____ Parking fees and tolls \$ _____

4. SALES, PURCHASES & DISPOSITION OF ASSETS IN 2023 (New clients: enclose detailed listing of all depreciable assets)

Asset description	Date acquired	Purchase price	Date sold	Sales price
	/ /	\$ _____	/ /	\$ _____
	/ /	\$ _____	/ /	\$ _____
	/ /	\$ _____	/ /	\$ _____
	/ /	\$ _____	/ /	\$ _____
	/ /	\$ _____	/ /	\$ _____

5. BUSINESS USE OF HOME

Area used exclusively for business _____ sq ft Total area of home _____ sq ft

Was the home used as a daycare facility? Yes No Date placed in service ___/___/___

Casualty losses \$ _____ Insurance \$ _____ Rent \$ _____

Mortgage interest \$ _____ Repairs & maint. \$ _____ FMV of home \$ _____

Real estate taxes \$ _____ Utilities & other \$ _____ Value of land \$ _____

Carryover of unallowed expenses Yes No If yes, enter amount \$ _____

DEDUCTIONS

1. EDUCATION

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

Student Name	Educational Inst.	FR	SO	JR	SR	Other	Tuition & fees	Loan Int. Paid	Supplies & Books	529 Plan
		<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"/>	<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"/>

2. JOB-RELATED MOVING EXPENSES

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

3. IRA CONTRIBUTIONS

Contributions to Traditional IRA	\$ _____
Contributions to a ROTH or IRA	\$ _____

4. OTHER DEDUCTIONS

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

5. MISCELLANEOUS DEDUCTION QUESTIONS

- Did you purchase an item(s) during 2023 for which you paid a large amount of sales tax? Yes No
- Did you refinance a mortgage during 2023? Yes No

CREDITS AND PAYMENTS

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s)

Provider Name	Address	Tax Exempt	Phone Number	ID Number	Amount Paid
		<input type="checkbox"/>			\$
		<input type="checkbox"/>			\$
		<input type="checkbox"/>			\$
		<input type="checkbox"/>			\$
		<input type="checkbox"/>			\$

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 or 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? Yes No
2. Were any of the improvements related to the construction of this main home? Yes No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No
2. Are you currently repaying the First-time Homebuyer Credit? Yes No
3. Do you have a social security number that allows you to work and is valid? Yes No
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local agency? Yes No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments

	Date Paid	Amount Paid
<i>Applied from 2022 federal refund</i>	/ /	\$
1st Quarter payment	/ /	\$
2nd Quarter payment	/ /	\$
3rd Quarter payment	/ /	\$
4th Quarter payment	/ /	\$

State estimated payments

	Date Paid	Amount Paid
<i>Applied from 2022 state refund</i>	/ /	\$
1st Quarter payment	/ /	\$
2nd Quarter payment	/ /	\$
3rd Quarter payment	/ /	\$
4th Quarter payment	/ /	\$

State Name

Local estimated payments

	Date Paid	Amount Paid
<i>Applied from 2022 local refund</i>	/ /	\$
1st Quarter payment	/ /	\$
2nd Quarter payment	/ /	\$
3rd Quarter payment	/ /	\$
4th Quarter payment	/ /	\$

Locality Name

Additional Information

Please see the following checklist for documents and information to bring with you to your tax 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 about any refunds from the State or Local government regarding overpayment of prior year taxes
- Information regarding sale of any investment property or stock
- K1s received from any corporations, partnerships, etc.
- 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/selling home
- Current year loan documentation
- Profit & Loss Sheet
- Balance Sheet