

# MAS TAX ORGANIZER TAX YEAR 2023

**FARM 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:    Checking <input type="checkbox"/> Savings <input type="checkbox"/>
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-	<input type="checkbox"/> <input type="checkbox"/>	

SR for Seniors, instead of Form 1040?

**MAS TAX ORGANIZER TAX YEAR 2023**

**FARM P.2**

**INCOME**

<p><b>1. WAGE AND SALARY INFORMATION</b> <i>Attach W-2's</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Employer Name</th> <th style="width:20%;">Taxpayer</th> <th style="width:20%;">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><b>2. INTEREST &amp; DIVIDEND INCOME</b> <i>Attach 1099-NT, 1099-DIV or other statements</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Payer Name</th> <th style="width:20%;">Taxpayer</th> <th style="width:20%;">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><b>3. SCHEDULE K-A INCOME (1065, 1120-S &amp; 1041)</b> <i>Attach K-1s</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Payer Name</th> <th style="width:20%;">Taxpayer</th> <th style="width:20%;">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><b>4. CAPITAL GAINS AND LOSSES</b> <i>Attach 1099-Bs</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Payer Name</th> <th style="width:20%;">Taxpayer</th> <th style="width:20%;">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><b>5. RETIREMENT DISTRIBUTIONS</b> <i>Attach 1099-R &amp; 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><b>6. OTHER INCOME</b></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 &amp; 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><b>7. MISCELLANEOUS INCOME QUESTIONS</b></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**

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**MAS TAX ORGANIZER TAX YEAR 2023**

**FARM P.3**

**FARM INCOME AND EXPENSES**

<b>1. INCOME</b>	
Total of livestock purchased for resell	\$ _____
Original Price	\$ _____
Selling Price	\$ _____
Sales of livestock, produce, grains, etc.	\$ _____
Agriculture program payments received	\$ _____
Custom hire income	\$ _____
Other income	\$ _____
	\$ _____

<b>2. EXPENSES</b>	
Chemicals	\$ _____
Conservation expenses	\$ _____
Employee benefits	\$ _____
Feed	\$ _____
Fertilizers and lime	\$ _____
Farm insurance	\$ _____
Freight and trucking	\$ _____
Fuel/oil	\$ _____
Interest on farm purchases	\$ _____
Mortgage insurance	\$ _____
Labor paid	\$ _____
Rent paid on land	\$ _____
Repairs & maintenance on equip.	\$ _____
Seeds and plants	\$ _____
Storage and warehouse	\$ _____
Supplies *	\$ _____
Vet expenses	\$ _____
Breeding expenses	\$ _____
Depreciation	\$ _____
Other	\$ _____

<b>3. VEHICLE EXPENSES</b>	
Year _____	Make & Model _____
Purchase date _____	Price \$ _____
Fuel \$ _____	Insurance \$ _____
Tags \$ _____	Miles _____
Repairs & Maintenance	\$ _____

<b>4. BUSINESS USE OF HOME</b>		
Sq. ft. used for business	Casualty losses	\$ _____
	Mortgage interest	\$ _____
Total sq. ft. of home	Real estate taxes	\$ _____
	Insurance	\$ _____
Was home used as daycare?	Repairs & aint.	\$ _____
	Utilities & other	\$ _____
Date started service	Rent	\$ _____
	FMV of home	\$ _____
	Value of land	\$ _____
Carryover of unallowed expenses?		\$ _____

<b>* EXAMPLES OF FARMING SUPPLY DEDUCTIONS</b>		
Appointment books	Litter/bedding	Paper
Security system	Calendar	Mowers
Small tools	Clippers	Pesticides
Steel toe boots	Toolbox	Trash bags
Milk assessments	Farm magazines	

<b>5. ASSET DEPRECIATION (farm equipment and vehicles)</b>					
Assets Purchased	Date	Purchase Price	Assets Sold/Disposed of	Date	Purchase Price
	/ /	\$ _____		/ /	\$ _____
	/ /	\$ _____		/ /	\$ _____
	/ /	\$ _____		/ /	\$ _____
	/ /	\$ _____		/ /	\$ _____
	/ /	\$ _____		/ /	\$ _____



**MAS TAX ORGANIZER TAX YEAR**

**FARM P.5**

**CREDITS AND PAYMENTS**

<b>1. CHILD CARE CREDIT</b>		
<i>Attach Daycare Provider Statement(s)</i>		
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

<b>2. RESIDENTIAL ENERGY CREDIT</b>	
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	

<b>3. ESTIMATED TAX PAYMENTS</b>		<b>4. MISCELLANEOUS CREDIT QUESTIONS</b>	
<b>FEDERAL</b> <i>(Applied from 2022 federal refund)</i>		1. Did you pay expenses related to the adoption of an eligible child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<b>Date Paid</b>	<b>Amount Paid</b>	2. Are you currently repaying the First-time Homebuyer Credit? Yes <input type="checkbox"/> No <input type="checkbox"/>
1st QTR	/ /	\$	3. Do you have a social security number that is valid & allows you to work? Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd QTR	/ /	\$	4. Were you issued a Mortgage Credit Certificate (MCC)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3rd QTR	/ /	\$	
4th QTR	/ /	\$	
<b>STATE</b> <i>(Applied from 2022 state refund)</i>			
	<b>Date Paid</b>	<b>Amount Paid</b>	
1st QTR	/ /	\$	
2nd QTR	/ /	\$	
3rd QTR	/ /	\$	
4th QTR	/ /	\$	
State Name			
<b>LOCAL</b> <i>(Applied from 2022 local refund)</i>			
	<b>Date Paid</b>	<b>Amount Paid</b>	
1st QTR	/ /	\$	
2nd QTR	/ /	\$	
3rd QTR	/ /	\$	
4th QTR	/ /	\$	
Locality Name			

