

MAS TAX ORGANIZER TAX YEAR 2023

SALON 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

SALON 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																						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
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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

SALON P.3

SALON INCOME AND EXPENSES

Schedule C

Owner of Business Taxpayer Spouse Joint Business Name _____
 Product or Service _____ Did you acquire this business during 2023? Yes No
 Business Address _____ City, State and Zip _____
 Accounting Method Cash Accrual Other Method used to value inventory Cost Lower of cost/mkt Other

1. INCOME		2. VEHICLE INFORMATION	
Gross receipts or sales	\$ _____	Year: _____	Make/Model: _____
Returns and allowances	\$ _____	Purchase Price \$ _____	Date of Purchase: _____
Other income <small>(describe in comments)</small>	\$ _____	Business Miles _____	Other _____
Inventory at beginning of year	\$ _____	Fuel, oil, repairs & maintenance	\$ _____
Cost of labor	\$ _____	Parking fees & tolls	\$ _____
Materials and supplies COG	\$ _____		
Other COG	\$ _____		
Inventory at end of year	\$ _____		

3. EXPENSES			
Advertising	\$ _____	Pension & Prof. Sh.	\$ _____
Commissions & Fees	\$ _____	Supplies <small>*see below</small>	\$ _____
Contract Labor	\$ _____	Training/Educat.	\$ _____
Depletion	\$ _____	Travel	\$ _____
Employee Benefits	\$ _____	Meals & Ent.	\$ _____
Employee Wages	\$ _____	Uniforms	\$ _____
Bank Fees	\$ _____	Office Expenses	\$ _____
Legal and Prof. fees	\$ _____	Taxes & Licenses	\$ _____
		Rental - Tools, etc.	\$ _____
		Utilities	\$ _____
		Rent - Shop/Office	\$ _____
		Mortgage Interest	\$ _____
		Repairs & Maint.	\$ _____
		Business Insurance	\$ _____
		Other	\$ _____

4. SALES, PURCHASES & DISPOSITION OF ASSETS IN 2023					
Assets Purchased	Date	Purchase Price	Assets Sold/Disposed of	Date	Purchase Price
	/ /	\$ _____		/ /	\$ _____
	/ /	\$ _____		/ /	\$ _____
	/ /	\$ _____		/ /	\$ _____
	/ /	\$ _____		/ /	\$ _____
	/ /	\$ _____		/ /	\$ _____

*EXAMPLES OF SALON SUPPLY DEDUCTIONS				
Scissors	Foils	Dip Powders	UV Lamps	Nail Polish Racks
Shampoo	Towels	Nail Decals	Files	Manicure Bowls
Blow dryers	Nail Polish	Cotton Pads	Skin Care Products	Carts and Trolleys
Smocks	Drills	Cuticle Pushers	Styling Products	Sterilizer Boxes
Mirrors	Brushes	Nail Clippers	Laundry Detergent	PPE & Sanitizer

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 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

