



MASON Tax & Business Solutions
Annual Tax Organizer
Personal Information

	Taxpayer	Spouse
Name:		
Address:	Street	City, State, Zip
Phone:		
Occupation:		
Birthday:		
Social Sec #		
Email:		
Blind		
Disabled		
Were you separated or divorced during the year?	Yes	No
Did your spouse die during the year?	Yes	No
Is your spouse filing a separate return?	Yes	No
Are you being claimed as a dependent by someone else?	Yes	No

PRESIDENTIAL ELECTION CAMPAIGN FUND

Do you wish to contribute \$3.00 of your taxes to the Presidential Election Campaign Fund; this will not increase your tax or reduce your refund

Yes
 No

FOREIGN ACCOUNTS AND FOREIGN TRUSTS:

<1> Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution) ?

Yes
 No

<2> Were you a grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in being during the current taxable year, whether or not you have any beneficial interest in such trust?

Yes
 No

DEPENDENTS

FULL NAME	DOB	RELATION	SOCIAL SECURITY #	# MONTHS

WAGE & SALARY INCOME

EMPLOYER	BOX 1	BOX 2	BOX 3	BOX 4	BOX 5	BOX 6



Interest Income

Payee	Account #	Interest Earned	Tax Free

Dividend Income

Dividend Source	T/S/J	Gross	Cap Gain	Nontaxable	Foreign Tax

Social Security Income

Name	Gross Amount Received	Insurance	Tax Withheld

CRYPTO-CURRENCY TRANSACTIONS

At any time did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

Yes

No



Gains or Losses from Sales of Assets

Description of Sold Asset	Acquired	Sold	Sales Price	Cost
PROVIDE 1099-B				

Other Income

Type	T/S	Income	Tax Withheld
State Income Tax Refund			
Business Income - Complete Business Worksheet			
IRA Distributions			
Pensions & Annuities			
Rent Income - Complete Rental Worksheet			
Unemployment Compensation			
Tips			
Child Care Taxable benefits			
Prizes & Awards			
Jury Duty			
Other			

Adjustments to Income

Dividend Source	Taxpayer Amount	Spouse Amount
Educator Expense		
IRA Contribution		
Roth Contribution		
SEP Contribution		
Student Loan Interest		
Tuition & Fees (Form 1098-E required)		
Penalty on Early Withdrawals		
Moving Expense (Active Duty Military Only)		

Estimated Income Tax Payments

Period	Date Paid	Amount Paid	Period	Date Paid	Amount Paid
Overpayment from Prev. Year					
1 qtr 20__			3 qtr 20__		
2 qtr 20__			4 qtr 20__		

Child or Dependent Care Expense

Name	Paid To		Federal ID Number	Amount Paid
	Address			



Itemized Deductions

Type		Amount
Medical	Doctors	
	Dentist	
	Drugs	
	Health Insurance	
	Eyeglasses	
	Long Term Care	
	Medical Lodging	
	Miles	
	Medical Supplies	
	Hearing Aids	
	Labs	
	Other	
Taxes	Real Estate - Home	
	Real Estate - Other	
	Sales Tax - Auto Purchase	
	State Income Tax	
	Other Taxes	
Interest	Home Mortgage - Primary	
	Home Mortgage - 2nd Mortgage	
	Mortgage insurance	
	Points	
Contributions	Churches	
	Payroll Deductions - United Way	
	Other Cash - List	
	Non Cash - Attach Supporting Info	
Miscellaneous	Adoption Fees	
	Investment Expense	



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Rental Income / Expense Worksheet

Taxpayer Name: _____

T = Taxpayer
S = Spouse
J = Joint

If you do not take an active part in the operation of the property.
 Number of Days rented during year? _____
 Number of days you or your family member resided at location? _____

T, S, J	Property Code	Date Acq.	Active ?	Description of Property	Location		
	A						
	B						
	C						
	D						

INCOME	A	B	C	D
Rents:				
Deposits:				
Other:				

EXPENSES

Real Estate Taxes				
Mortgage Interest				
Other interest				
Insurance				
Cleaning/Maint.				
Yard Removal				
Trash Hauling				
Supplies				
Fuel				
Electricity				
Water/Sewer				
Wages/Labor				
Mgmt. Fees				
Travel Expense				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Repairs - Painting				
- Plumbing				
- Electrical				
- Appliance				
-				
Refunds				
Other:				
Personal Use (% or Amount)				

New Equipment or Capital Improvements (Detail type, date, original cost):

Depreciable Assets Sold or Disposed (Detail type, date, original cost):



MASON Tax & Business Solutions LLC/Partnership/Self Employed Income & Expense Worksheet

Name of Proprietor		Business Activity	
Business Name		Product or Service	
Business Address		Federal ID#	
1. Business is conducted on the (check) <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual <input type="checkbox"/> Other <input type="checkbox"/> 2. Inventory (if applicable) is based on <input type="checkbox"/> Cost <input type="checkbox"/> Other <input type="checkbox"/> 3. Do you use any part of your home for business? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Did you hire any new employees that may qualify for job credits? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. How many months in business during year? # <input type="text"/> 6. Did you buy or sell any assets? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INCOME		COST OF GOODS SOLD (If Applicable)	
Gross Receipts/Sales		Beginning of the Year Inventory	
Returns & Allowances		End of the Year inventory	
*Income Reported on 1099		Purchases	
*Commissions		Above Withdrawn for Personal Use	
Other:		Cost of Labor (Direct & Indirect)	
		Materials/Supplies	
		Other:	
*Do not Duplicate if included in Gross Sales			
EXPENSES			
Advertising		Wages (Not Reported Above)	
Bad Debts (if reported in income)		Payroll Taxes	
Bank Charges		Social Security & Medicare	
Car/Truck Expense		Unemployment (Fed & State)	
Commissions & Fees Paid		Other Taxes	
Dues & Publications		Real Estate	
Employee Benefit Programs		Personal Property	
Freight (Not included Above)		Other:	
Insurance (Business)		Automobile Exp. (Adequate records required)	
Interest (Business)		Total Miles Driven	
Laundry & Cleaning		Business Miles	
Legal & Professional		Personal Miles	
Office Supplies & Postage		Parking Expense	
Pensions/Profit Sharing		Travel (Out of Town)	
Utilities		Transportation (Air Fare)	
Rent (Business)		Lodging	
Repairs & maintenance		Cabs, Bus, Rentals	
Supplies (Other)		Other:	
Telephone (Business)		Meals & Entertainment (at 100%)	
Health Ins. (Personal 100%)		Meals & Tips	
Other:		Entertainment	
		Tickets & Events	
		Gifts	
Mortgage Interest (Paid to Financial institution)			
Depreciation - If Predetermined (Attach Schedule)			

