

MASLAND & BARRICK TAX SERVICES, LLC
TAX ORGANIZER

Please bring the following information:

1. **New Clients Only:** Copy of the prior year tax return
2. Copies of W-2's, 1099-INT, 1099-DIV, 1099-B (include cost basis and purchase date), 1099-MISC, 1099-R, 1095-A, 1098-T, K-1, Social Security Statements

NOTE TO M&B Investment Clients: Pershing will be mailing 1099's in February.

M&B can print them, so drop off your taxes when you have all your other info ready.

3. 1098 Mortgage Interest
4. 1098-T Tuition Payment or 1098-E Student Loan Interest
5. For self-employed clients: Summary of business income and expenses and list of business assets purchased, including date & cost
6. 1099-G (Unemployment comp, state or local tax refunds)
7. **New Clients:** List names, dates of birth and Social Security #s for all family members:
Name: _____ DOB: / / SSN _____
Name: _____ DOB: / / SSN _____
Name: _____ DOB: / / SSN _____
Name: _____ DOB: / / SSN _____
Name: _____ DOB: / / SSN _____
8. Rental properties: List income and expenses.
9. Settlement sheet for purchase/sale of home or rental property
10. Any other tax related documents.

PHONE/CELL # AND BEST TIME TO REACH YOU: # _____

EMAIL ADDRESS _____

E-FILING & DIRECT DEPOSIT:

- | | | |
|---|-----|----|
| Would you like to e-file your Federal return? | YES | NO |
| Would you like to e-file your State return? | YES | NO |
| Would you like your refund direct deposited? | YES | NO |

If yes, list the following information:

Bank Routing # _____

Bank Account # _____

Circle the type of account Savings Checking

ESTIMATED TAX PAYMENTS MADE FOR CURRENT TAX YEAR:

Federal:

- | | | |
|------------------|---------------------|----------|
| 1. Check # _____ | Date ____/____/____ | \$ _____ |
| 2. Check # _____ | Date ____/____/____ | \$ _____ |
| 3. Check # _____ | Date ____/____/____ | \$ _____ |
| 4. Check # _____ | Date ____/____/____ | \$ _____ |

State:

- | | | |
|------------------|---------------------|----------|
| 1. Check # _____ | Date ____/____/____ | \$ _____ |
| 2. Check # _____ | Date ____/____/____ | \$ _____ |
| 3. Check # _____ | Date ____/____/____ | \$ _____ |
| 4. Check # _____ | Date ____/____/____ | \$ _____ |

Local:

- | | | |
|------------------|---------------------|----------|
| 1. Check # _____ | Date ____/____/____ | \$ _____ |
| 2. Check # _____ | Date ____/____/____ | \$ _____ |
| 3. Check # _____ | Date ____/____/____ | \$ _____ |
| 4. Check # _____ | Date ____/____/____ | \$ _____ |

MEDICAL EXPENSES:

Prescription Drugs	\$ _____
Health/Dental/Vision Insurance Premiums (exclude pre-tax)	\$ _____
Long-term Care Insurance Premiums	\$ _____
Doctors, Hospital or Dental Expenses (paid out of pocket)	\$ _____
Medical Mileage	# of miles _____
Glasses, Contacts, Eye Exams, Hearing Aids	\$ _____
Nursing Home Expenses-must be medically necessary	\$ _____

TAXES:

Real Estate Taxes	\$ _____
Per Capita Taxes	\$ _____
Sales Tax paid on large ticket items, such as car, furniture, etc.	\$ _____

INTEREST:

Home Mortgage Interest (Attach copy of 1098) *	
Home Equity Interest (Attach copy of 1098) *	\$ _____
Points Paid If Mortgage Was Refinanced	\$ _____
Date of Refinance	\$ _____
Length of Mortgage	_____ / ____ / _____
Include settlement sheet if refinanced in current tax year	_____

CHARITABLE CONTRIBUTIONS:

Miscellaneous Contributions	\$ _____
Religious Organization	\$ _____
Contributions made <u>DIRECTLY</u> to a charity from your IRA	\$ _____
Non-cash Contributions	\$ _____
If non-cash contributions are \$500 or more, please list the name and address of the donee organization.	

Charity Mileage	# of miles _____

MISCELLANEOUS:

Union Dues	\$ _____
Name of Union	_____
Tax Preparation Fees	\$ _____
Investment Expenses (Advisory Fees, Trade Journals, etc.)	\$ _____
Safe Deposit Box Rental	\$ _____
Job Search Costs	\$ _____

UNREIMBURSED EMPLOYEE EXPENSES:

Teacher's Classroom Out of Pocket Expenses (\$250 max)	\$ _____
Professional Licenses, Dues, Education Expenses	\$ _____
Trade or Professional Journals	\$ _____
Work Tools	\$ _____
Uniforms	_____
Business Mileage:	_____
Total Miles _____	_____
Business Miles _____	\$ _____
Meals and Entertainment	_____
Other-list type (ie., office expense, postage, travel, etc.)	\$ _____

ALIMONY RECEIVED OR PAID (Circle which applies):

List name & SSN of recipient or payor:

Name: _____
SSN: _____

\$ _____

IRA CONTRIBUTIONS:

Taxpayer:

Traditional \$ _____
Roth \$ _____

Spouse:

Traditional \$ _____
Roth \$ _____

CHILDCARE CREDIT/DAYCARE EXPENSES:

List provider info:

Name: _____
SSN: _____
Address: _____

Amount paid

\$ _____

Name of child/children provided for:

Name: _____
Name: _____

529 EDUCATION CONTRIBUTIONS (DEDUCTIBLE FOR PENNA ONLY):

Name: _____
Name: _____
Name: _____

SS# _____
SS# _____
SS# _____

QUALIFIED HIGHER EDUCATION EXPENSES (books/computers/fees):

1098-T from college required for education credits.

List the name of the qualifying students and year in college:

Name: _____
Name: _____

DO YOU HAVE FOREIGN HELD (OUTSIDE OF U S) BANK/INVESTMENT

\$ _____
\$ _____

YES NO

RESIDENTIAL ENERGY CREDIT: (Insulation, Exterior doors, windows, qualified heating/cooling systems)

Please list type, cost and date installed

\$ _____
\$ _____
\$ _____

HEALTH INSURANCE FOR CLIENTS NOT COVERED BY THEIR EMPLOYER OR MEDICARE:

ATTACH 1095-A

DID YOU HAVE QUALIFYING HEALTH CARE COVERAGE?

YES NO

IF NO, FOR HOW MANY MONTHS WERE YOU WITHOUT?

IF YES, DO YOU QUALIFY FOR A COVERAGE EXEMPTION?

YES NO

List Coverage Exemption Certificate Number:
