MASTER PLAN MP
TAX SERVICES

MPTS - CLIENT ORGANIZER CHECKLIST

TAX YEAR ____________________

TAXPAYER/SPOUSE/DEPENDENT INFO

TAXPAYER NAME ____________________
TAXPAYER SSN ____________________
TAXPAYER DATE OF BIRTH ____________________
TAXPAYER OCCUPATION ____________________
SPOUSE NAME, if applicable ____________________
SPOUSE SSN ____________________
SPOUSE DATE OF BIRTH ____________________
SPOUSE OCCUPATION ____________________
TAXPAYER PHYSICAL ADDRESS ____________________
TAXPAYER CITY, STATE, ZIP ____________________
TAXPAYER PHONE NUMBER ____________________
TAXPAYER EMAIL ADDRESS ____________________

DEPENDENT 1 NAME ____________________
DEPENDENT 1 SSN ____________________
DEPENDENT 1 DATE OF BIRTH ____________________
DEPENDENT 1 RELATIONSHIP ____________________
DEPENDENT 1 MONTHS LIVED WITH YOU LAST YEAR ____________________
DEPENDENT 2 NAME ____________________
DEPENDENT 2 SSN ____________________
DEPENDENT 2 DATE OF BIRTH ____________________
DEPENDENT 2 RELATIONSHIP ____________________
DEPENDENT 2 MONTHS LIVED WITH YOU LAST YEAR ____________________
DEPENDENT 3 NAME ____________________
DEPENDENT 3 SSN ____________________
DEPENDENT 3 DATE OF BIRTH ____________________
DEPENDENT 3 RELATIONSHIP ____________________
DEPENDENT 3 MONTHS LIVED WITH YOU LAST YEAR ____________________
DEPENDENT 4, attach additional sheet(s)

Did you have any of the following for the last Tax Year? (Please check off or enter annual amount)

COMMON INCOME

Have you signed the Tax Agreement (Y or N) ____________________
Have unexpired govt issued photo ID(s) & SSN card(s) for dep.s? (Y or N) ____________________
Wages, tips or other compensation? (W2) ____________________
Interest income? (1099INT) ____________________
Dividend income? (1099DIV) ____________________
Self employment, rental, LLC or other bus. income/loss? (1099M or 1099NEC) See MPTS's Business Organizer Checklist
Income/loss from Corp., LLC, Partnerships, Estate or Trust? (K1) ____________________
Social Security or disability income? (1099SSA or W2) ____________________
Withdrawal or Rollover from a pension, 401(k), 403(b) or IRA? (1099R) ____________________

Farm or livestock income/loss? __________
Unemployment compensation? (1099G)
State refund(s) from prior year's taxes? (1099G)
Gambling winning/loss? (W2G or lottery winnings)
Miscellaneous income (prizes, awards, jury duty, etc.)?
Sale of real estate or personal home(s)? (1099S or HUD1 statement)
Did you purchase and sell the same or another house(s) within last 2 years?
Sale of stocks, bonds, mutual funds or other capital gains? (1099B)
Receiving installments on sale of property(ies)?
Cancelled debt(s)? (1099C)
Income subject to state tax (n/a for TX income)?
Child(ren) under age 18 receiving investment income?
Other reportable income(s)?

COMMON POSSIBLE DEDUCTIONS AND CREDITS

Received advanced Premium Tax Credit or a 1095-A/B/C from carrier or mkt?
Had a large amount of medical expenses, prescriptions, etc.?
Health Savings Account (HSA) contribution and/or withdrawal? (1099SA)
Paid long-term care insurance premiums?
Unreimbursed classroom teacher expenses?
Employed household employee(s)?
Moved over 50 miles for military purposes?
Interest paid on a student loan(s)? (1098E)
Contribute to an IRA, SEP, Keogh, SIMPLE, 401(k) or 403(b)?
Tuition expenses for higher education? (1098T)
Gift(s) made to an individual(s) of substantial value? (Gift Tax)
Bankruptcy proceeding(s)?
Received notice(s) from the IRS or state dept(s)?
Purchased a vehicle(s) and paid sales taxes?
Paid mortgage interest and/or property taxes? (1098)
Purchased a new home(s)?
Gave cash and/or non-cash contributions to a qualified charity(ies)?
Gave over $500 in non-cash property/contributions to charity(ies)?
Had property loss(es) due to federally declared disaster, etc.?
Have records showing child(ren) lived with you (i.e. med or school records, etc.)?
Paid child or dependent care expenses?
Adopted a child(ren)?
Made estimated tax payments for the tax year or prior-year carryover? (1040ES)
Any other deduction(s) or credit(s) for which you may qualify?

TAXPAYER Siganture
SPOUSE Signature, if married
DATE

*This is not an exhaustive list of income/deductions/credits; it's the taxpayer(s) responsibility to make the preparer aware of items that may possibly affect their tax file.