

Mason Tax Services & Bookkeeping Solutions

TAX ORGANIZER

INCOME

Type:	Tax Payer	Spouse
W2	_____	_____
1099-R	_____	_____
1099-DIV	_____	_____
1099-G	_____	_____
1099-INT	_____	_____
1099-NEC	_____	_____
1099-MISC	_____	_____

Interest Expense

1st Mortgage _____	2nd Mortgage _____
Mortgage Insurance _____	_____

Charitable Contributions

Cash: _____	Non-Cash: _____
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Stocks & Investment Sales

Description _____	Documents Attached: _____
_____	_____

Taxes

Real Estate _____	TAVT _____
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Estimated Quarterly Tax Payments

Date Paid _____	Federal _____	State _____
_____	_____	_____
_____	_____	_____

Medical Expenses

Prescriptions _____	Private Health Insurance _____
Doctors _____	Medicare Premiums _____
Dentists _____	Hospitals & Labs _____
Eyeglasses & Contacts _____	Medical Travel Miles _____

Self Employment Business Income & Expenses

Business Name / Services:			
Owner:		Income / Revenue:	
Expenses:			
Advertising _____		Professional Fees _____	
Bank Fees _____		Rent _____	
Commissions _____		Rental Equipment _____	
Contract Labor _____		Repairs / Main _____	
Dues & Subs _____		Supplies _____	
Insurance _____		Taxes / Licenses _____	
Interest _____		Telephone _____	
Materials _____		Travel _____	
Meals _____		Other (Explain): _____	
Office _____			
Home Office Total Sq. Ft: _____		Sq. Ft. Used for Office: _____	
Total Miles Driven _____			
Business Miles	Jan - June @ .585/Mile	Net Profit/Loss:	
	July - Dec @ .625/Mile		