

### 1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone	

### 2. FILING STATUS

Single                       Check if parent (or someone else) can claim you as a dependent on their return.  
 Married Filing Joint  
 Married Filing Separate     Check if you lived apart from your spouse for all of \_\_\_\_\_  
 Head of Household  
 Qualifying Surviving Spouse      Year spouse died: \_\_\_\_\_

### 3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

### 4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? . . . . .  Yes  No

#### Bank Account

Ownership       Taxpayer    Spouse    Joint  
 Type             Checking    Savings  
 Bank name \_\_\_\_\_  
 Routing number \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Account outside the jurisdiction of the United States?    Yes

#### Bank Account

Ownership       Taxpayer    Spouse    Joint  
 Type             Checking    Savings  
 Bank name \_\_\_\_\_  
 Routing number \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Account outside the jurisdiction of the United States?    Yes

### 5. IDENTIFICATION INFORMATION

#### Taxpayer

Type of ID:       Driver's license    State-issued ID  
                       No ID  
 ID number \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_

#### Spouse

Type of ID:       Driver's license    State-issued ID  
                       No ID  
 ID number \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_

### 6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

- Employer     Government-Sponsored Marketplace     Private Exchange (Individual Insurance Company)

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS**

- |                                                                                                                                                |                                   |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|
| 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.                                        | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
| 2. Were you a victim of identity theft and have you been contacted by the IRS? . . . . .                                                       | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| If Yes, please furnish the 6-digit PIN issued to you by the IRS . . . . .                                                                      |                                   |                                 |
| 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of _____? . . . . .                                            | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? . . . . .                                   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,200? . . . . .                  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? . . . . . | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 7. Did you give a gift of more than \$15,000 to one or more people? . . . . .                                                                  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040?                                    | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |

**8. COMMENTS**

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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# INCOME ORGANIZER

Please complete this Organizer before your appointment.  
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

## 1. WAGE AND SALARY INFORMATION

Attach W-2s:

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"/>

Unreported tip income received: \_\_\_\_\_

## 2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

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

## 3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth IRA	Other IRA	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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## 4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

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"/>

## 5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

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"/>

## 6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## 7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . .  Yes  No
2. Did you earn any foreign income or pay any foreign taxes? . . . . .  Yes  No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . .  Yes  No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? If . . . . .  Yes  No  
 Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during \_\_\_\_\_? . . . . .  Yes  No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . .  Yes  No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .  Yes  No

**BUSINESS INCOME AND EXPENSES (Schedule C)**

Indicate the owner of this business:     Taxpayer     Spouse     Joint

Business Name: \_\_\_\_\_

Business product or service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Did you start or acquire this business during \_\_\_\_\_     Yes     No

Accounting Method:     Cash     Accrual     Other (describe) \_\_\_\_\_

Method used to value inventory:     Cost     Lower of cost or market     Other (describe) \_\_\_\_\_

Income and Cost of Goods Sold			
Gross receipts or sales . . . . .			
Returns and allowances . . . . .			
Other income (enclose description) . . . . .			
Inventory at beginning of year . . . . .			
Purchases less cost of items withdrawn for personal use . . . . .			
Cost of labor . . . . .			
Materials and supplies . . . . .			
Other costs . . . . .			
Inventory at end of year . . . . .			

Expenses			Wages		
Advertising . . . . .			Other: _____		
Commissions and fees . . . . .					
Contract labor . . . . .					
Depletion . . . . .					
Employee benefits . . . . .					
Insurance (other than health) . . . . .					
Mortgage interest . . . . .					
Other interest . . . . .					
Legal and professional fees . . . . .					
Office expenses . . . . .					
Pension and profit sharing . . . . .					
Rent - Vehicle, machinery . . . . .					
Rent - Other . . . . .					
Repairs and maintenance . . . . .					
Supplies . . . . .					
Taxes and licenses . . . . .					
Travel . . . . .					
Meals and entertainment . . . . .					
Utilities . . . . .					

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in** (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

**Business Use of Home**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_

Was the home used as a day care facility?     Yes     No    Date home placed in service \_\_\_\_\_

Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ Rent \_\_\_\_\_

Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ FMV of home \_\_\_\_\_

Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_ Value of land \_\_\_\_\_

Carryover of unallowed expenses to     Yes     No    (if yes, enter amount) \_\_\_\_\_

**RENTAL AND ROYALTY INCOME AND EXPENSES** (Schedule E, pg 1)

Indicate the owner of this property:     Taxpayer     Spouse     Joint

Description of property \_\_\_\_\_  
 Location of property \_\_\_\_\_

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value?     Yes     No

Did you meet the Active Participation requirements for this property?     Yes     No  
(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during \_\_\_\_\_?     Yes     No

Income		
Rents received . . . . .		
Royalties received . . . . .		

Expenses		
Advertising . . . . .		
Cleaning and maintenance . . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Mortgage interest paid to banks . . . . .		
Other interest . . . . .		
Repairs . . . . .		
Supplies . . . . .		
Taxes . . . . .		
Utilities . . . . .		
Other _____		
_____		
_____		
_____		
Amortization . . . . .		
Section 481(a) adjustment . . . . .		

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_  
 Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_  
 Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in**  
(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

## DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.  
Itemized Deduction Organizers are on separate pages.

### 1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:						Student Loan	Books, Supplies			
Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Interest Paid	& Equipment	529 Plan
_____	_____	<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"/>	<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"/>

### 2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging . . . . .	_____
Gas and Oil. . . . .	_____
Mileage . . . . .	_____
Other . . . . .	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace . . . . .	_____
Member of the Armed Forces? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA. . . . .	_____
Contributions to a ROTH IRA . . . . .	_____

### 4. OTHER DEDUCTIONS

Description	Amount
Educator expenses . . . . .	_____
Alimony paid Rec. SSN: _____	_____
Date of original divorce/separation _____	
Health Savings Account contributions . . . . .	_____
Archer Medical Savings Account contributions _____	_____
Jury duty repayment to employer . . . . .	_____
Foreign qualified housing expenses . . . . .	_____
Contributions to College 529 Savings Plan . . . . .	_____
Qualified business net (loss) carryover from _____	_____
Qualified REIT dividends and PTP net (loss) carryover _____	_____
_____	_____
_____	_____
_____	_____

### 5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during _____	for which you paid a large amount of sales tax? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you refinance a mortgage during _____	. ? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer Signature (Required) _____  Date (Required) _____	I elect to provide the tax preparer supporting tax documents, and agree to provide within a timely manner (1 to 7 days).  I elect to have my taxes prepared given the information provided on this form, and without supporting documents.  Choose One (Required)
------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\*If you filled out this form and signed it Online then you are finished with this document. We will automatically receive the signed document and begin preparing your taxes once a payment is made, and supporting documents are provided (if applicable). Be sure to provide us any supporting documents (1099, Drivers License, etc.). There are 3 ways to provide us supporting documents listed below.

\*If you are filling out the PDF from your desktop:  
Please return the Tax Organizer and all Supporting Documents by any preferred method below:

1. Walk In / Drop Off: 1903 N Hercules Ave. Clearwater, FL 33763
2. Email: taxservicemasters@gmail.com
3. Upload on our website or Upload to the client portal



We offer convenient payment options, please choose the payment method you prefer.

- Invoice to Email – Credit / Debit Card Online via Invoice (Most Popular).
- Credit Card Checkout via the Tax Service Masters Pricing Page.
- Zelle # 727-241-9760.
- Phone In Payment: 727-610-1024.
- Walk-In / Office Payment: 1903 N Hercules Ave, Clearwater, FL 33763.
- I Already Paid / Prepaid.